CC2-15-JUN#1

APPLICANT CO



Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(Please Print or Type)					Sectio	n 17(1)
Name Dr. Ken Gärdener				Employee Number _	payroll #	
Position Vice President, Medical	Affairs, Capital Health	1		Oracle Cost Centre_	201-9000-7	71110106\$046
Department Medical Affairs		·		Bus. Phone <u>(780)</u> 4	107-7162	
Period from January 17, 2005	to <u>April 1,100</u>	05				
Expenses Paid (Please attach receipt organization. Complete details on the			y Capital	Health or reimbursed /	reimbursal	ble by another
	Non-Canadian Currency	Rate	Canadi	an \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation				149.33		9.17
Meals		Capital F	ealth	67.83		
Registration Fees	O	FCE	VED			
Transportation (including parking)	GZ	10-1	me los	176.00		25.571
Other	Zeer	APR 1	(UUD			, and a second of the second o
Mileage	one (control to	ACCOL		142		
TOTAL	and the same of th	PAYAI	Sugar Sugar	\$493.16		\$
Less Cash Advance						Andrew Control of the
NET				\$493.16		- Company of the Comp
The information on this form is collect process your claim.	ed under section 4 of t	the Regional	Health A	uthorities (Ministerial)	Regulation	and will be used to
I hereby certify that the expenses liste or on my behalf from Capital Health o	r other organization.	d on Capital	Health bu	siness and have not b	een previou	usly claimed by me
Employee Signature	Juleu-			Date <u>April 7, 2005</u>	······································	•
Approved by						
Print Name Sheila Weatherill		·····		Title President and C	EO	
Signature <u>Hevo</u> a	het/			Date April	11,20	2 5
Print Name				Title		4
Signature				Date		
NOTE:						
 GST amounts included in the expe 	nse claims will be calc	culated by Ac	counts P	avable.		····

- Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

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EXPENSE GANTERALLY

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
17/01 2005	Edmonton Airport parkade Calgary Council of Medical Directors				12.00		
19/01 2005	Telus parkade PRPC meeting				10.50		
21/01 2005	Edmonton Airport parkade Calgary Bone & Joint Committee				12.00		
25/01 2005	Telus Parkade LPCI Leaders				7.50		
31/01 2005	Telus Parkade Trilateral Master Committee				9.00		
01/02 2005	Imperial Parking: Richard Butler meeting				5.00		
01/02 2005	Union Bank Inn Restaurant Breakfast mtg: Richard Butler		28.97				
04/02 2005	Telus parkade Secretariat Working Group				6.00		
02/03 2005	ETS LRT to Secretariat Working Group mtg.				2.00		
02/03 2005	ETS LRT from Secretariat Working Group meeting				2.00		
03/03 2005	Unicity Taxi: Airport to hotel Western Canadian Health Care Summit/Winnipeg				20.00		
03/03 2005	Inn at the Forks/Winnipeg Western Canadian Health Care Summit	149.33					
15/03 2005	Library parkade Health Boards of AB mtg.				6.00		
31/03 2005	Taxi from Airport to hotel Ottawa-Taming of Queue Conference				30.00		
31/03 2005	Empire Grill/Ottawa Dinner		138.86				
31/03 2005	Edmonton Airport parkade Taming of Queue Conference/Ottawa				24.00		
01/04 2005	Blueline Taxi: from hotel to airport/Ottawa return				30.00		
	Total km		<u> </u>				
	@						
TOTALS	TO FRONT OF FORM	149.33	167.83		176.00		

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

EDMONTON AIRPORTS

Car park 0000001009 Phone. (780)890-8439 Fax. (780)890-8329

Receipt no. 0205/0742/00806 17.01.05

015100 pay parking ficket 12,00 \$ 17.01.05 06:16 17.01.05 17:27 Length of stay: 0 Dy. 11 Hr. 11 Min.

	12,00 \$
accepted total charge	20,00 \$ 8,00 \$

0,79 \$

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

7.00 %

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PLACE THIS SIDE UP

ON DASH

FEB 21

Section 17(1),(4)(e.i)

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TICKET VOID IF RE-SOLD

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DOUBLE NEXT 1

3816

EDMONTON AIRPORTS
GST# R128599776

******* ***

Tax

Car park 0000001009 Phone, (780)890-8439 Fax. (780)890-8329

:Receipt no. 0011/0649/00804 21.01.05

015100 pay parking ticket 12,00 \$ 21.01.05 08:50 ~ 21.01.05 15:40 Length of stay: 1. Dy. 6 Hr. 50 Min.

totalian	12,00	1
accepted Tax	 12,00 0,79	

Thank you for your patronage!
Please Come Again!
** Open 24 hours **
** Thank you **

TELUS PARKADE GST INC. R#122388333

05JAN31 12:36 001 001 05JAN31 09:43 01 05JAN31 09:43 01 / 2:53 #095403

=01000950 \$9.00 RATE 1 \$9.00 TOTAL \$9.00 CASH

MANAGED BY IMPERIAL PARKING TELUS PARKADE GST INC. R#122388333

05JAN25 15:22 001 001 05JAN25 13:17 01 / 2:05 #094846 =01000299 RATE 1 \$7.50 TOTAL \$7.50 CASH \$7.50

MANAGED BY IMPERIAL PARKING

TELUS PARKADE

=01001634

MANAGED BY

IMPERIAL PARKING

RATE 1

TOTAL

CASH

GST INC. R#122388333

05FEB04 15:59 001 001

/ 1:56 #096012

\$4.00

\$6.00

\$6.00

05FEB04 14:03 01

meety & Richard Buster

UNION BANK INN RESTAUR 10053 JASPER AVE T5J195 EDMONTON AB

04034952

Name: Acct #

GARDENER KEN J.DR

Date 05/02/01 Time Exp Date Auth #

08 22 29 102254

Card Type MC N22874644001 Tran Code 01 001431001

Op 10: 007

Invoice No.:

7269

 Subtotal
 \$23.93

 Tip
 5

 Total
 28.97

Top copy-customer Bottom copy-merchant

Retain this copy for your records

EDMONTON AIRPORTS

ADIA KIZODIO: Akrasasa

Car park | 106031 - 4.1 Phone: (780)390-8439

Receipt in Garages Jan 01.04.05

24,00\$

24,00 \$ 1.57 \$

ETS Proof of Payment

Self Service

Date

Time

Fare

Must be surrendered for inspection or exchange on demand.

ETS Proof of Payment

Self Service

Date

Time

14114

Must be surrendered for inspection or exchange on demand.

Amount/Monte	RECEIPT	/ REÇU
	AIRPORT	
Taxi#:	Driver/Chauffeur. Thank you	

CITY OF EDWANTON LIBRARY PARKADE GST N 119326270 RT0001

Ropt# 93699 03/15/05 11:43 L# 2 斜 39 03/15/05 09:59 In 03/15/05 11:43 Out Tkt# 093924 Regular Rate 5.61 Total Tax Ġ. Total Fee ė. 6.00 CASH PAID 6.00-Cash Tender Change Due 0.00 THANK YOU FICHE AGAIN

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Purchases: \$ 118.86

Tip: \$ 20 6

Total: \$ 138 %

Signature: X _____gardener, ken j.dr

I agree to pay the above total amount according to the card issuer agreement.

Amount 30.00 Date 1:04.05

From Wester

To Air Port:

Cab No. 31 7 Driver A.

G.S.T. Included in meter fare

To Diver Club International

Thanks again!
....and do call us
UNICITY TAXI LTD
925-3131

DATE MARCH 3 OS

TRIP ALPORT WINNIEG

TO INI LETTER FORKS

CAR ILL AMOUNT 20

DRIVER

Inn at The Forks 75 Forks Market Road Winnipeg, MB **R3C 0A2**

Telephone: 204-942-6555 Fax: 204-942-6979

Dr.	Kenneth Gardener
820	Sherbrook Street
Wir	inipeg, MB

Page# Res. # 013944

Thu Mar 3/05 - 8:03 pm Checked in Checked out Fri Mar 4/05 - 10:22 am 119.00

R3A 1R9

Room Rate Room 528

Group: Western Canadian Health Care

Date	Description	Reference		Charges	Credits
Mar03	In Room Entertainment	TV Services-2354		11,99	
Mar03	GST	TV Services-2354		0.84	
<i>Mar03</i>	PST	TV Services-2354		0.84	
Mar03	Room - Conferences and Meeting	•		119.00	
Mar03	GST	ari.		8.33	
Mar03	PST			8.33	
Mar04	PAID BY MASTERCARD - Thank you				149.33
			0.00	149.33	149.33

Experience the Riverstone Spa! Meetings & conferences up to 200 guests. Reserve your next stay directly at www.innforks.com *1-877-377-4100*

Our G.S.T. # is 883100604

Charge Summary:

GST 9.17 PST9.17

INN AT THE FORKS

75 FORKS MARKET RD WINNIPEG

ID: B4062943 SLIP #: 1069 STORE: 4062943

\$149.33

RE-ENTRY SALE

CTCMATINE V

APPROVED AUTH 210049

ISO -

Mar 04 2005 10:20 am

MERCHANT COPY



TAPPLICANT COPY AB

Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)				Section	17/1)		
Name Dr. Ken Gardener			Employee Number _		17(1)		
PositionVice President, Medic	cal Affairs, Capital Health	·	Oracle Cost Centre 201-9000-711101064046				
Department <u>Medical Affairs</u>				¥			
Period from February 11, 2005 005							
Expenses Paid (Please attach recent organization. Complete details on t	ipts). Do not include amo he other side of the form.	unts paid l	by Capital Health or reimbursed /	reimbursa	ible by another		
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT U	ISE	
Accommodation			231.99	ii loladou	SSIEZ 8	7-36	
Meals	- Gapital Health		41.20		32.50		
Registration Fees	RECEIVED				6.00	-	
Transportation (including parking)	1111 1 4 2005	in and the said	281.15		2436 2	72.15	
Other			642.00	ليا	6087	7.00	
Mileage	ACCOUNTS DAVABLE		294.00	w			
TOTAL			\$1490.34		\$		
Less Cash Advance						· · · · · · · · · · · · · · · · · · ·	
NET			\$1490.34				
The information on this form is collected process your claim.							
I hereby certify that the expenses list or on my behalf from Capital Health	or other organization.	on Capital	Health business and have not be	en previou	usly claimed by	me	
Employee Signature	elle		Date July 5, 2005				
Approved by	٠.						
Print Name Sheila Weatherill 1			Title President and CE	<u> </u>			
Signature Lila Krived 1005			W Date July 1	1105			
Print Name	<u> </u>		Title				
Signature	į.		Date				

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · Please ensure that the expense claim is properly authorized.
- For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)

AFRPENSFACULTING OF PAILS

¹ Date	Particulars	Accommodation \$	Meal \$	Registration :	\$ Transportation \$	Other \$	Mileage km
11/02	Telus Parkade				/ 14.00		
2005	Arthroplasty mtg.				14.00		
03/03	Edmenton Airport parkade				19.00		
2005	Arthroplasty mtg Calgary				19.00		
12/04	Manulife Place parkade				15.00		
2005	Examination of Discovery				15.00		
13/04	Manulife Place parkade]		45.00		
2005	Examination of Discovery				15.00		
15/04	Telus Parkade				/		
2005	Secretariat		Í		/ 14.00		
ļ	Telus Parkade						
25/04	Infrastructure Academic						
2005	Medicine				14.00		
	Urgent Care Steering Group						
26/04	Standard Life parkade						
2005	CBCP Steering Committee				/ 7.50		
05/05	Edmonton Airport parking		-				
05/05	Physician Negotiations –				12.00		
2005	Calgary				12.00		
	Calgary: taxi from airport to						<u></u>
05/05	Westin -Physician				40.00	37.00	
2005	Negotiations				42.00	5.00	
	Calgary: taxi from Westin to						
05/05	airport – Physician				20.00	28.90	
2005	Negotiations				32.90	4.00	
06/05	Grant MacEwan parkade			· · · · · · · · · · · · · · · · · · ·		00.8	
2005	PRPC mtg-Telus Plaza	ĺ			20.50		
13/05	Telus Parkade						
2005	Secretariat				_14.00		
2005					METROPOLITICAL		
17/05	Edmonton Airports parking			ĺ			
2005	Negotiation Steering				12.00		
-05/05	Committee - Calgary				<u> </u>	·	
25/05	Telus parkade			1	12.00		
2005	Master Committee		223.63		12.00		
06/06	Kananaskis Lodge	231.99	8.36				
2005	Quality course	201.00					
05-	Mileage return trip to						
06/06	Kananaskis						840
2005					-		
08/06	Telus parkade						
2005	Urgent Care Steering			ļ	6.00		
	Committee						
15/06	Grant MacEwan parkade				á0.0F		
2005	Secretariat				/ 19.25		
20/06	Buksa Associates						
	Halifax 5 Registration	1		642.00 W			
2005	Calgary-Oct. 20-22						
24/06	Telus parkade						
2005	Arthroplasty	-			12.00		
05/07	Dr. Kelly Dabbs – lunch mtg.	-		35.20	-		
2005	Allegro		41.20	6.00			
				8.00			212
ľ	Total km						840 km.
	@						X \$0.35
TOTAL		m in A .c	***************************************				
IUIALS	TO FRONT OF FORM	231.99	41.20	642.00	281.15		294.00

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

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TELUS PARKADE GST INC. R**#12238839**3

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RATE 1 \$14.00 TOTAL \$14.00 CASH \$14.00

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04-26-2005 TUE #I

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TELUS PARKADE GST INC. R#122388333

05APR25 12:27 001 001 05APR25 07:37 01 / 4:50 #102512

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== V10V5/07 RATE 1 \$14.00 TOTAL \$14.00 CASH \$14.00

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TELUS PARKADE GST INC. RM122388333

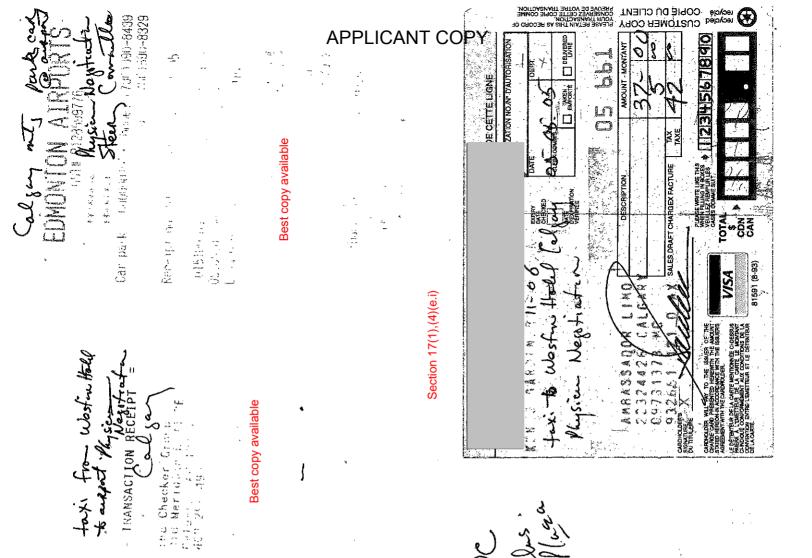
OSAPR15 14:33 001 001 OSAPR15 09:35 01 / 7:58 #101903

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RATE 1 \$14.00 TOTAL \$14.00 CASH \$14.00

MANAGED BY IMPERIAL PARKING

10



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Car park the

- Part 196-8379

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0151en i... 17.05.00 Length (2

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Secretarial

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\$17.00 MANAGED PY

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Secretarial

TELIS PARKADE GFT INC. 88122288333

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Kananaskis Village, Alberta, Canada TOL 2H0
Tel.: (403) 591-7711 • Fax: (403) 591-7770
G.S.T. Registration #122372063

APPLICANT COPY

Quality June 7

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ARRIVAL/ARRIVÈE

FOLIO NUMBER Nº DOSSIER

MON 06JUN,05

004704

TUE 07JUN, O

BALANCE/SOLDE

FOLIO/DOSSIER

Dr Kennigerdener

NIGHTS/NUITS

STACKSTOUL 07JUN, 05 II 49a CB

ADDRESS/ADRESSE

MC

11/06

1J2.18 8440 112 St

3038

REMARKS/REMARQUES

Edmonton

T6G 2B7

CA

25 11976 1771/0	DAIR	ROOM CIAMBRO	DISCHIPTION	HERONI MONIAN	(D)
001 002 003 004		Rm 3038 Rm 3038 Rm 3038	Room Tourism Levy 4% Room GST 7% Mastercard	209.00+ 8.36+ 14.63+ 231.99-	JW JW CB

Section 17(1),(4)(e.i)

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund.

I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné.

Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la fivraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

BUKSA ASSOCIATES SUITE 307, 10328-81 AVENU EDMONTON AB

CARD NUMBER

EXPIRY DATE CARD TYPE

DATE/TIME RECEIPT NUMBER

PURCHASE TOTAL AMOUNT Section 17(1),(4)(e.i)

3F33 MASTERCARD

2005/06/20 11:33:48 M4709204F-084-020

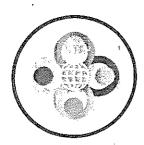
\$642.00

01 APPROVED-027

AUTH. # 133358

THANK YOU

CARDHOLDER COPY



Halifax 5: The Canadian Healthcare Safety Symposium Advancing the Culture of Safety

October 20 to 22, 2005 Calgary, Alberta

RECEIPT

GST # 10695 3953 RT0001

Date	Receipt No.
06/20/2005	H000081

Payer:

Ken Gardener 8440-112 Street

Edmonton, AB T5Z 3C1

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000132	Registration for Ken Gardener for the event: Halifax 5: Advancing the Culture of Safety	\$600.00	\$42.00	\$642.00

GST = \$42.	00 Total Fees w/Tax	\$642.00
Master Card:	Total Paid	\$642.00
 Section 17(1),(4)(e.i)	Total Applied	\$642.00
	Unapplied Balance	0.00

Thank you for your payment received on 06/20/2005.

Note: If you paid by credit card, your statement will read BUKSA Assoc. (780) 436-0983 Edm.

Halifax 5: Advancing the Culture of Safety Registration

c/o BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2

Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: halifax5@buksa.com

Capital Health Director, Accounting Services

DEC 2 0 2005

Control and Contro

Tailleur, Lorraine

From: Smithson, Dolores

Sent:

Tuesday, December 20, 2005 9:53 AM

To:

Subject:

Dr. Ken Gardener Expense Claims

Attachments:

expense.pdf

Tailleur, Lorraine



as requested, Leila Shwed's initials attached ..dolores

----Original Message----From: Tailleur, Lorraine

Sent: Friday, December 02, 2005 12:28 PM

To: Smithson, Dolores

Subject: Dr. Ken Gardener Expense Claims

Dolores

Sent on behalf of Vicky Afacan, Senior Director Accounting Services

Please have Leila Shwed or Allaudin Merali approve/initial.

Thanks

Lorraine Tailleur Administrative Assistant Capital Health Accounting Services CHC, 10th Floor North Tower 10030-107 Street Edmonton, AB T5J 3E4 Phone: 735-0348 Fax: 735-0347

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1010 constituted to

Travel Expense Claim Form

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

(1 local and this of hypo)				Section	17(1)
Name <u>Dr. Ken Gardener</u>	The second secon		Employee Number	payroll#	
Position Vice President, Medical Affairs, Capital Health			Oracle Cost Centre	201-9000-	711101084046
Department Medical Affairs					111111111111111111111111111111111111111
Period from February 11, 2005			Bus. Phone <u>(780)</u>	107-7102	44.4600 A R S C
					•
Expenses Paid (Please attach rece organization. Complete details on to	ipts). Do not include amou the other side of the form.	unts paid t	by Capital Health or reimbursed	reimbursa	ble by another
MATTER AND	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
Accommodation			231,99		Epulation Scale
Moals	- Capital Health		41,20		25.26
Registration Fees	RECEIVED				
Transportation (including parking)	1111 1 4 2005		281.15		
Other		THE RESIDENCE	642.00	لب	
Mileage	ACCOUNTS PAYABLE		294.00	·w	Ype Ti wan
TOTAL			\$1490.34		
Less Cash Advance					
NET			\$1490.34		
he information on this form is collect	ted under section 4 of the	Regional	Health Authorities (Ministerial) F	legulation i	and will be used to
nocess your claim.					
hereby certify that the expenses list or on my behalf from Capital Health of	ed above were incurred or or other organization.	n Capital F	lealth business and have not be	en previou	sty claimed by me
mployee Signature	de_		Data July 2 onny		
		* ***********	Date July 5, 2005		
pproved by	1				
rint Name Sheila Weatherill	2 / 1		fitle _President and CE	<u></u>	
ignature all M	wed for	<u> </u>	Date July 1	HOS	
rint Name	//	·	Title	•	
Ignature			Date		
OTE:					
GST amounts included in the expe	nse claims will be calculat	ed by Acc	ounts Payable.		

internal mail system.

Please ensure that the expense claim is properly authorized.

See the other side of this form for expense claim limits.

Approved claim form with receipts should be sent to Accounts Payable (Harley Court - 1100, 10045 - 111 Street, Edmonton, AB T5K 2M7)

For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the

For all employees on the payroll system, expense cheques will be deposited to employee bank account.

CH-0313 August 2003

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will Dabbs
DR. Kelly

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新识似"

TOTAL ANOUNT

775

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相関にも 152892

CARDATALDER UILLY PRY TOTAL SADUAT SHOWN TO CAMP ISSUED ACCURATING TO CARDHOLOGY. ARRESENT.

KEN J GARDENE!



Travel Expense Claim Form

(In Canadian Dollars)

(To be used for all Regional and Out of Regional Travel)

(Please Print or Type)				S	ection 17(1)	
NameDr. Ken Gardener	Employee Number	payroll#				
PositionVice President, Medica	Oracle Cost Centre	201-9000	-711101064	046		
Department Medical Affairs			Bus. Phone <u>(780)</u>	407-7162		
Period from July 7, 2005	to <u>October 26, 200</u>)5				
Expenses Paid (Please attach receip organization. Complete details on the	ots). Do not include amo	ounts paid b	by Capital Health or reimbursed	/ reimbursa	able by anoti	ner
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NO	TUSE
Accommodation			550.18		532.25	17.93
Meals			609.00		531.78	77.2
Registration Fees						
Transportation (including parking)		:	√ 100.00 √			
Other	g :					
Mileage	ž.	-	404.60 439	286		
TOTAL	p :-	* # * * * * *	\$1663.78		\$	
Less Cash Advance	¥.				/	
NET	<u>.</u> 4.21	42 + 5 S #	\$1663.78 /698	16 4		***************************************
The information on this form is collect process your claim.	ted under section 4 of th	ıe Regional			and will be	used to
l hereby certify that the expenses list or on my behalf from Capital Health o	ed above were incurred or other organization.	on Capital	Health business and have not b	een previo	usly claimed	by me
Employee Signature	Lille-		Date November 8,	2005		
Approved by						
Print Name <u>Sheila Weatherill</u>			Title President and C	CEO		
Signature (A) val	enf		Date Naceles	15,5	2005	
Print Name			Title			
Signature			Date			

NOTE:

- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · Please ensure that the expense claim is properly authorized.
- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPANSIBICIONANDETAIDEY

Date	Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage kn	n
06/07	Telus Parkade			T	0.00	<u> </u>		十
2005	AHW - meeting.				6.00	1-	İ	
07/07	Oxford Tower parkade				- 1100			┪
2005	Examination of Discovery				14.00	1		
08/07	Telus Parkade				14.00			7
2005	Secretariat				14.00			
28/07	Capital Health Centre				-: 0 00			1
2005	Parking - meeting				6.00			1
18/09	Round trip to Calgary						F70.1	1
2005	Prov. Council of Med Dir.		(763)	<u> </u>			578 km	مستح
18/09	Delta Calgary Airport Hotel	182.12	(76.40					1
2005	Prov. Council of Med Dir.	102.12	5.72	10m2				
27/09	Telus parkade				12.00			1
2005	Master Committee				12.00	100		
28/09	Manulife Parking				45.00			1
2005	Examination of Discovery				/ 15.00			
30/09	Manulife Parking				15.00			1
2005	Examination of Discovery				₹ 15.00			ł
17/10	Edmonton Airports parking				12.00			1
2005	Prov. Reg Med Dir-Calgary				12.00			
20-	Westin Calgary Hotel		87					1
21/10	2 nights – Halifax 5	./ 368.06 12	.21					ļ
2005	Z riigitta - Hamax o							
20-	Round trip to Calgary							1
21/10	Halifax 5			ca. 30			578 km	
2005				531.78				
21//10	Murrieta's Calgary	✓ <u> </u>	609.00	77.22				1
2005	Halifax 5		005.00	7 7				
26/10	Telus parkade				6.00	.4]
2005	-AHW mediation				0.00	امر		1
	Total km						1156 km.	1
	TOTAL AIT						X \$0.35	3
	@							
TOTALS	TO FRONT OF FORM	550.18	609.00		100,00		404.60	i

EXPENSE LIMITS

439 75

. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel
 in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with
 receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
 Driving to and from work is not considered business travel and cannot be claimed.
- 3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

Secretarial

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07-07-200 THE #0

14.0) 14.00

Alman

731 15:3am

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Expert Parking
GST 896391380
LOT: 107 METER Liberton
Expert Lot 107

Ticket Expires: 3:48 PM Thu
Jul 28 2005

Ticket: 0000021652

Time: 2:18pm2005Ju128

Price: \$6.00 Charge: \$6.00 Card:

Auth #: 35842L

DISPLAY FACE

Charges are for use of parking space only. This company is not responsible for loss or damage to uehicle or contents.

· 李子尔·李子子 Car pai ADMINISTRAÇÃO 1780 A 2 3439 Director's 5329

Receivo

0151% 17.1.

Length

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TELUS PARKADE 65T INC. R#122388333

050CT26 12:02 001 001 050CT26 10:16 / 1:46 #118609

RATE 1 \$6.00 TOTAL \$6.00 CASH \$6.00

MANAGED BY IMPERIAL PARKING 1-11-11-11 18

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Visit us in Carmore or was ac-GST #RT000185334751

TOTAL

Mildeli i. CALGA 1 1 1 1 1 1 SH ; ; :: Server 5.15 Ú'n 13. 13193. 4:33 John C Best copy available 41 · · · · · M 1997年 - 0900 **;**∯; ∻ 一种性化 的现在分词

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THE WESTIN CALGARY 320 4th Avenue SW Calgary, Alberta Canada T2P 2S6 403-266-1611

Halifax 5

MR Ken Gardener

Section 17(1)

Arrival

10/20/05 10/22/05

Departure Payment Method MC

Tryoice

Room Cashier

Page

Starwood Preferred Guest #

Section 17(1)

1113

Airline Partner #

The Westin Calgary, 10/21/05

Date	Text	Room	Charges	Credits
10/20	Room Charge	1113	153.00	
10/20	Tourism Levy 4%		6.18	
10/20	Room GST 7%		10.82	
10/20	Dest. Marketing Fee 1%		1.53	
10/20	Park-Self Weekday		15.00	
10/21	Room Charge		153.00	
10/21	Tourism Levy 4%		6.18	
10/21	Room GST 7%		10.82	
10/21	Dest. Marketing Fee 1%		1.53	
10/21	Park-Self Weekend		10.00	

Total

368.06

Balance

368.06 \$

21.64 Room GST F&B GST 0.00 Other GST 1.64 Total GST 23.28 GST Vendor R861336493

Starwood Canada is pleased to introduce the Starwood Preferred Guest MasterCard!

You can earn up to 25,000 Starpoints in your first year. So apply today at SPG.com/MBNA or ask the front desk for an application. This offer is available for residents of Canada only.

MANULIFE PLACE CPERATED BY

0585F30 17:52 001 000 0585F30 08:33

7 9:19 #178467

8592675

PATE 1 \$15.00 \$15.00 TIAL CASH \$15,00

687 MMLUDE 6874 R119520595 HAVE ? NILE DAY

TELUS PARKADE GST INC. R#122388333

05SEP27 12:18 001 001 055EP27 08:24

7 3154 #115818 RATE 1 \$12.00 \$12.00 TOTAL

CASH \$12.00 · MANAGED BY

IMPERIAL PARKING

MANULIFE PLACE OPERATED BY

059EP28 16:42 001 003 059EP29 08:04 / 8:35 \$177530

9591931 RATE 1 \$15,00 TOTAL \$20.00 CASH CHANGE \$5.00

BET THELUDED GET# R119580595 HAVE A NICE DAY



2001 Airport Road N.E., Calgary, Alberta T2E 6Z8 Tel.: (403) 291-2600 • Fax: (403) 291-3419 G.S.T. REGISTRATION # 139445290

1J218 Walter Mckenzie 844

18SEP,05SUN

FOLIO NUMBER N° DOSSIER

022661

DEPARTURE/DÉPART 19SEP,05MON BALANCE/SOLDE .00

FOLIO/DOSSIER

NAME/NOM Dr Ken Gardener ADDRESS/ADRESSE

NIGHTS/NUITS 1

STATUS/STATUT Ck-Out 19SE GUARANTEED BY/GARANTI PAR

DATE 19SEP, 05 7:55a

TIME/HEURE SR

MC

REMARKS/REMARQUES

Section 17(1),(4)(e.i)

Edmonton

AB T6G 2B7

CA

LINE NO. N° LIGNÉ	DATE	ROOM CHAMBRE	DESCRIPTION	REFERÊNCE RÉFERENCE	AMOUNT MONTANT	1D
001 002 003 004 005 006	18SEP 18SEP 18SEP 18SEP 18SEP 18SEP	01/517 01/517 01/517 01/517 01/517 01/517	Movies Room Dest.Mkt. Fee Tourism Levy Tax Room GST Parkade Parking	MOVIE - 1 Rm 517 Rm 517 Rm 517 Rm 517 Parking Charge	16.04+ 141.00+ 1.41+ 5.70+ 9.97+ 8.00+	R8
007	19SEP	01/517			182.12-	SR

В

1.57+

C

9.97 +

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

G.S.T. SUMMARY ---- Amounts indicated with a "B" include G. S. T.

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

EXPREPORT 46-5 AN - 2006-002

APPLICANT COPY

Capital Héalth

Travel Expense Claim Form

71110106046

(In Canadian Dollars) (To be used for all Regional and Out of Regional Travel)

Please Print or Type)				Secti	on 17(1)
ame <u>Dr. Ken Gardener</u>	Employee Number	Employee Numberpayroil #			
osition Vice President, Medica	Oracle Cost Centre _	201-9000	11101064046		
epartment <u>Medical Affairs</u>			Bus. Phone <u>(780) 4</u>	07-7162	
eriod from November 25, 2005	to Decemb	ber 19, 2005	3		
penses Paid <i>(Please attach receip</i>	ots). Do not include ame other side of the form	ounts paid b	y Capital Health or reimbursed /	reimbursal	ole by another
	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included	DO NOT USE
ccommodation	11111111111111111111111111111111111111				
leals	Carried Comments		628.43		i
egistration Fees					
ransportation (including parking)	WIZZO		113.75		
ther	COUNTS				
lileage	AKABLE				
OTAL			\$742.18		\$
ess Cash Advance					
ET			\$742.18		
ne information on this form is collect ocess your claim.	cted under section 4 of t	the Regiona	Health Authorities (Ministerial)	Regulation	and will be used to
ereby certify that the expenses list on my behalf from Capital Health	ted above were incurred or other organization.	d on Capital	Health business and have not b	een previo	usly claimed by me
nployee Signature	rulu-		Date January 3, 20	06	
pproved by					
int Name <u>SheilatWeatherill</u>			Title President and C	EO	
//	1 A		Date JANUA	RY	10,2006
gnature Loveack	ed		Dato -	*	•
7	en		Title	***************************************	•
int Name	en				
gnature ignature OTE:	en		Title		

- Please ensure that the expense claim is properly authorized.
- · For all employees on the payroll system, expense cheques will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense cheques will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Harley Court 1100, 10045 111 Street, Edmonton, AB T5K 2M7)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

EXPARPLICANDETQOPY

Date	- Particulars	Accommodation \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Nov 25 2005	Imperial Parking CBCP Committee				5.00		
Nov 30 2005	Grant MacEwan CC parkade Master Committee			:	9.00		
Dec 2 2005	Telus parkade Secretariat				12.00		
Dec 7 2005	Manulife Place parkade Provincial Bone & Joint				13.75		
Dec 9 2005	Telus parkade Secretariat			:	14.00		
Dec 13 2005	Manulife Place parkade Examination of Discovery				15.00		
Dec 15 2005	Oxford Tower parkade Medical Affairs CHC staff Xmas lunch				6.00		
Dec 15 2005	Medical Affairs CHC staff Xmas lunch coffee/pop		63.00				
Dec 16 2005	Telus parkade PRPC				12.00		
Dec 19 2005	II Portico Restaurant - RMDG Xmas lunch x 18		565.43				
Dec 20 005	Telus parkade Master Committee				13.50		
Dec 22 2005	Bell Tower parkade John Stoten Consulting				7.50		
Dec 22 005	Parking – HBA Services Physician Issues in Disaster Planning				6.00		
	Total km						
TOTALS	@ TO FRONT OF FORM		628.43		113.75		1

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

2. Travel

- Use of personal automobile From Oct. 1, 2003, reimbursement at the rate of \$0.35 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.33 for each kilometer there after. Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.

4. Hosting Expenses

Any "hosting expenses" (including entertainment expenses) have to be approved at a senior level by the Senior Operating Officer, Chief Operating Officer, the Vice President or the President.

HART FARMER

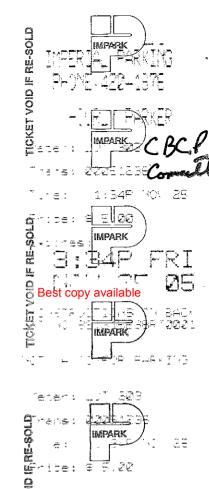
I 1/2 Haw PRESENTED

1376 1544977

Grant MacEwan C.C. 10700-104 Avenue Edmonton, Alberta T5J 4S2 Parking Services Tel: (780) 497-5875

> Transaction Date: 30/11/2005 12:22:15 Subtotal: \$9.00 Amount Given: \$9.00 Change: \$0.00 TOTALa \$7,00

Thank You, Have a nice day!



Secretario

TELUS PARKADE GST INC. R#122388333

05DEC09 15:47 001 001 05DEC09 08:48 / 6:59 #122695 RATE 1 \$14.00 TOTAL \$14.00 CASH \$14,00

MANAGED BY IMPERIAL PARKING

MANULIFE PLACE OPERATED BY STANDARD PARKING

05DEC07 17:07 001 003 Q5DEG07_13:36

7 3:31 #201503

\$606733 RATE 1 \$13.75 TOTAL \$13.75 CASH \$20.00 CHANGE \$6.25

GST INCLUDED GST# R119580595 HAVE A NICE DAY

Secretai

TELUS PARKADE GST INC. R#122388333

05DEC02 16:46 001 001 05DEC02 13:05 01 / 3:41 #122167

=01028144

RATE 1 \$12.00 \$12.00 TOTAL \$12.00 Cash

MANAGED BY IMPERIAL PARKING

\$13.50 \$13.50 \$13.50 05DEC20 11:30 001 001 05DEC20 07:15 01 4:15 #123431 TELUS PARKADE GST INC. R#122388333 =01029674RATE 1 TOTAL CASH

MANAGED BY

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APPLICANT COPY

GST INCLUDED 68T# R119580595 HAVE A NICE DAY

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STANDARD PARKING

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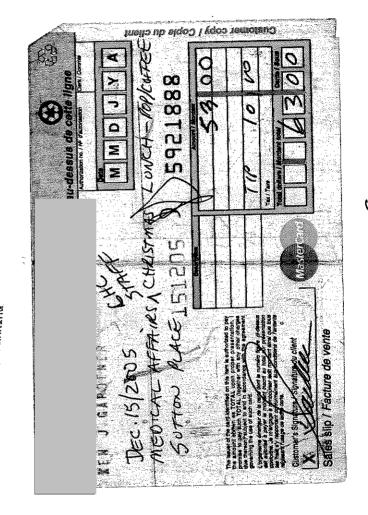
12-15-2005 Thu #0

(ASPES)

CST 123845679 RT 0018

TELUS PARKADE GST INC. R#122388333 3.41 #123198 \$12.00 \$12.00 \$12.00 =01029344 RATE 1 TOTAL CASH

MANAGED BY IMPERIAL PARKING



Section 17(1),(4)(e.i)

IL PORT ICO RESTAURANT 10012 107 ST EDMONTON AB	MASTERCARD 0049 7005/12/19 13:40:26 847131088-762-016	\$565,43	Ed 525	АUTH, # 154054	PAY TOTAL AMOUNT SHOWN CCORDING TO CARDHOLDER
TL PORT	CARD NUMBER EXPLRY DATE CARD TYPE DATE/TIME RECEIPT NUMBER	AUTHORIZATION RMOUNT TIP	TOTAL AMOUNT	01 APPROVED-027 THANK YOU	CARDHOLDER WILL PAY TOTAL TO CARD ISSUER ACCORDING T AGREEMENT,

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IL FARTICO EDMONTON, ALBERTA G.S.T.# RA28503554

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Series of the se

CARDHOLDER SIGN

Il Portico Restaurant

Invoice
Date: <u>00019</u> 05

G.S.T. # R128503554

Thank you for choosing il Portico for your special event. We look forward to seeing you again in the future.





Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Dr. Ken Gardener			Employee Numb	er:		Union Nam	e:					
Position: Vice President, Medical Affairs, Capita			l Health_	,								
Busines	s Phone: 4	07-71620	Al Health Department: Medical Affairs Period From: January 15, 2006 to April 3, 2006									
Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form												
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency		Rate	Canadian \$ (including GST)	✓ if GST included				
201	9000	71110106046	69500000				\$922.81	✓ _□				
		62412-415.87w 7.46	ra e									
		61030=400n	Capital He	ain l								
		41090=7.23 14	TECEN									
		62410 - 92.25w	APR 1 Z	200								
			600011									
Less Cash Advance			ACCOUR PAYABI									
Total							\$922.81					
The inform	nation on the	nis form is collected under ss your claim.	section 4 of the l	Regional He	alth Auti	horities (Mir	nisterial) Regulati	on and				
I hereby certify that the expenses listed above were incurred on Capital Health business and have not been previously claimed by me or on my behalf from Capital Health or other organization.												
Employe	e Signature	: Allele	Date: A				J3/06					
Approved By: Sheila Weatherill Title: President & CEO, Capital Health							Phone # 407-8008					
(Signature)	\bigcirc	Eleacher	U				Date APRIC 10/06					
Approved By: (Print name)			Title:				Phone #					
(Signature)							Date					
NOTE:												
• Expen	ise claim mi ver. The api	ust be properly authorized	and must be sup	ported by o	riginal r	eceipts or a	copy as certified	by the				

- that are not supported by original invoices or do not have all the . required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EAPERS HCANNITUE ORY

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Jan 15/16 2006	Mileage – Calgary return Provincial Medical Directors						580
Jan15 2006	Delta Calgary Airport Hotel Provincial Medical Directors	173.93	166.47 ~				
Jan 17/06	Grant MacEwan Parking		3. 10 11		9.00		
Jan 25	ARP Working Group Telus parkade ARP Working				9.00		
2006 Jan 31 2006	Group Buka Conference Mgt Accelerating Primary Care Conference			√ 400.00	· ·		
Feb 6 2006	Manulife Place Parking - Urgent Care Steering Group				11.25		
Feb 13 2006	Telus parkade-Master Committee				4.50		
Feb 21 2006	Telus parkade -Secretariat				7.50		
Feb 24 2006	Commerce Place Parkade ARP Working Group				/ 10.50		
Mar 5 2006	Home Depot – shelf supports for Ken's bookcase					7.23	س
Mar 8 2006	Telus Parkade -ARP Working Group				7.50		
Mar 17 2006	Telus parkade -ARP Working Group				7.50		
Mar 21 2006	LRT ticket -return- Secretariat				4.50	92,25	
Mar 29 2006	LRT ticket-return-Legislature presentation LRT ticket-return-Master				4.50	<u>-</u>	
Mar 30 2006	Committee Telus Parkade - ARP Working				4.50		
April 3	Group				/12.00		
						Total km	580
(or alternate rate as outlined in Section 2 – Travel below) Totals \$173.93 \$400.00 \$92.25 \$7.3							\$0.43 ✓ 3 249,
XPENSE L		62912		61030	<u> </u>	ψ1.25 ψ	62°

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- · Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.

EAPERSECANT DECRES

- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 250 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.
- If union contract rate differs from \$0.43 then contract rate must be used.
- Includes all forms of transportation costs, including taxis and buses for local travel.
- Driving to and from work is not considered business travel and cannot be claimed.

3. Advance

Travel advance may be requested provided travel expenses are likely to exceed \$500.



2001 Airport Road N.E., Calgary, Alberta T2E 6Z8

Tel.: (403) 291-2600 • Fax: (403) 291-3419 G.S.T. REGISTRATION # 139445290

APPLICANT COPY

ARRIVAL/ARRIVÉE

FOLIO NUMBER N° DOSSIER

15JAN, 06SUN

002460

DEPARTURE/DÉPART 16JAN, 06MON

FOLIO/DOSSIER

NAME/NOM

Kennneth Dr Gardener

NIGHTS/NUITS 1

STATUS/STATUT Rea

DATE 15JAN, 06

TIME/HEURE 4:41p ID MR

GUARANTEED BY/GARANTI PAR

MC

REMARKS/REMARQUES

Section 17(1),(4)(e.i)

CDA

			CL	// 1	
HAENO A HIGNE	DATE:	ROON CHAMBRE	DESCRIPTION	RETERENCE RETERENCE	ANOUNT ID
005	15JAN 15JAN 15JAN 15JAN 15JAN	01/435 01/435 01/435 01/435	Tourism Levy Tax Room GST	Rm 435 Rm 435 Rm 435 Rm 435 Parking Charge	16.04+ 148.00+ RN 1.48+ RN 5.98+ RN 10.47+ RN 8.00+ RL 189.97- PM

Section 17(1),(4)(e.i)

189.97 > (16.04) 173.93 Non-Responsive

G.S.T. SUMMARY ---- Amounts indicated with a "B" include G. S. T.

В

1.57+

C

10.47 +

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôlels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

j'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

MANULIFE PLACE OPERATED BY STANDARD PARKING

0AFEB01 15:38 001 002 **4** 2:51 7 2:47 #221945

9627619 \$11.25 RATE 1 \$11.25 TOTAL \$21.25 CASH \$10.00 CHANGE

GST INCLUDED GST# R119580595 HAVE A NICE DAY

Grant MacEwan C.C. 10700-104 Avenue Edmonton, Alberta T5J 492 Parking Services

Tel: (780) 497-5875

Transaction Date: 17/0 Subtotal: \$7.00 Amount Given: \$9.00 Change: \$0.00 TOTAL: \$9.00 Payment:

Thank You, Have a nice day!

TELUS PARKADE GST INC. R#122388333

@MIAN25 10:27 001 001 06JAN25 07:36 01 7 2:51 #126125

=01032824RATE 1 \$9.00 \$9.00 TOTAL \$9.00 CASH

MANAGED BY IMPERIAL PARKING

Thank You For Parking At Commerce Place Parkade

O6FEB24 11:48 019 001 OFFER24 08:30 02 / 3:18 #206144

20071805080 10.50 RATE 10.50 TOTAL 11.00 Cash 0.50CHANGE

GST #897727657RT Have a Nice Day

sere lava

TELUS PARKADE 697 TMC. R#122388333

ARER21-11:04 001 001 0AFEB21 08:55 / 2:09 #128646 \$7.50 RATE 1 \$7.50 TETAL \$7.50 CASH

MANAGED BY. IMPERIAL PARKING

TELUS PARKADE GST INC. RM122388333

/O67E513 68:00 001 001 06FEB13 06:49 01 / 1:11 #127906 =01034676RATE 1 \$4.50 TOTAL - \$4.50 \$4.50 CASH

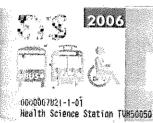
THE 7064 17404 99 AVE NW, EDMONTON, AB T5T5L5 AL WINDSOR STORE MANAGER 780-484-5100 05/03/06 7064 00012 47519 03:06 PM 11 TDB240 SALE 773199870043 SHELF SUPPRT 6.76 4 @ 1.69 6.76 SUBTOTAL 0.00 PST/QST 0.47 Section 17(1),(4)(e.i) GST/HST \$7.23 TOTAL 7.23 THE HOME DEPOT 7064 17404 99 AVE NW, EDMONTON, AB AL WINDSOR STORE MANAGER 780-484-5100 7064 00012 47519 05/03/06 SALE 11 TDB240 03:06 PM PURCHASE SAVING DATE: / 05 03 04 H7064012 TIME: 03:06:11 INVOICE: 475101 Section 17(1),(4)(e.i) 7.23 AUTH CODE: 159160 00/001 APPROVED CUSTOMER COPY

7064 12 47519 05/03/2006 0926

DEBIT

AUTH CODE 159160

7% GST R135772911 0% PROVINCIAL TAX NEW 30 DAY RETURN POLICY ON ALL GASOLINE POWERED EQUIPMENT AS OF 03-13-06 SEE RETURNS DESK FOR DETAILS



Adult

Expires



Expires

2005

Health Science Station TV 50051

TELUS PARKADE

95T INC. R#122388333

640 ARGS 09140 001 001 06/14KU2 07:26

/ 2:14 #129303 \$7.50 RATE 1

TOTAL

MANAGED BY IMPERIAL PARKING

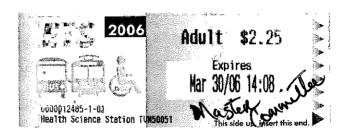
GST INC. R#122389333

cála 187 09:16 001 001 06MAR17 07:10

/ 2:06 #130204

TOTAL CASH

Adult \$2.25 Expires Mar 29/06 19:32 #076**03**6101-1-01 Corona Station East TVM50035







TELUS PARKADE GST INC. RM122388333

06APR03 11:03 001 001 06APR03 07:26 / 3:37 #131853 RATE 1 \$12.00 TOTAL \$12.00

RATE 1 TOTAL \$12.00 CASH

BUKSA ASSOCIATES SUITE 307, 10328-81 AVENU EDMONTON AB

CARD NUMBER

EXPIRY DATE CARD TYPE

DATE/TIME RECEIPT NUMBER

PURCHASE TOTAL AMOUNT Section 17(1),(4)(e.i)

MASTERCARD 2F53 29:53:52

M4709204F-282-006

\$400.00

01 APPROVED-027

AUTH. # 115439

THANK YOU

CARDHOLDER COPY



RECEIPT

GST # R124072513

Date	Receipt No.
01/31/2006	P000178

Payer:

Ken Gardener 8440-112 Street 1J2.18

Edmonton, AB T6G 2B7

Inv No.	Description	Total Fees	Tax	Applied Amount
P0000256	Registration for Ken Gardener for the event:	\$400.00		\$400.00
	One Day Registration - February 15, 2006			

	GST = \$0.00	Total Fees w/Tax	\$400.00
Master Card:		Total Paid	\$400.00
Sec	ction 17(1),(4)(e.i)	Total Applied	\$400.00
		Unapplied Balance	0.00

Thank you for your payment received on 01/31/2006.

Note: If you paid by credit card, your statement will read BUKSA Assoc. (780) 436-0983 Edm.

Accelerating Primary Care

c/o BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2 Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: primarycare@BUKSA.com



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: [Dr. Ken Gard	dener	Employee Numbe	r:	Union Nar	ne:	
Position	: Vice Presi	ident, Medical Affairs, Capital	Health_ [Department: Medi	cal Affairs		
Busines	s Phone: 4	07-71620	Period From: Mar	ch 23, 2006 to Ju	ıly 11, 2006	and the second s	
Expenses	s Paid (pleas	se attach receipts). Do not . Complete details on the o	include amounts ther side of the fo	paid by Capital H	ealth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	T	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110106046	69500000			\$1,826.88	
	. '	62412 = 452.36.	, particular de la constantina della constantina	Canital Health	D. CALLES TO SERVICE AND THE S		
		62410 - 94.500	STATE OF THE PROPERTY OF THE P		- · ·		
		6244 = 62412=	566.79	39.13 m	A C		
		61030-674.10 w			Alexandric parameters of the second		
				PAYABLE			
Less Ca	sh Advance						
Total						\$1,826.88	
		his form is collected under	section 4 of the R	egional Health Au	uthorities (M	linisterial) Regulat	on and
l hereby claimed	certify that by me or o	the expenses listed above n my behalf from Capital He	were incurred on alth or other orga	Capital Health bu	isiness and	have not been pre	viously
Employe	ee Signature	e: Sallece		Dat	te: Velg	12/06.	
Approve	ed By: Sheil	a Weatherill	Title: Presiden	nt & CEO, Capital H	lealth	Phone # 407-800	 08
(Print nam (Signature	(e)	salar &	Weal	heull	ب	Date Wy	13/06
Approve	ed By:	1	Title:			Phone #	
(Signature		V				Date	
NOTE:							

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the
 approver. The approver must initial individual items that are not supported by original invoices or do not have all the
 required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4
 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- · See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4).
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

FAPERISE CALVIT GEOGRYS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
March 23 2006	ARP Working Group				\$9.00		
April 4 2006	Alberta Cancer Board - ETS x 2 (return)				4.50		
Aptil 5/06	PRPC				6.00		
April 18/06	Secretariat - ETS x 2 (return)				4.50		
April 21/06	Examination of Discovery				15.00		•
April 25/06	Examination of Discovery - ETS x 2 (return)				4.50		
April 26/06	HBA offc-Negotiation Team ETS x 2 (return)				4.50		
May 1/06	ARP Working Group - ETS x 2 (return)				4.50		
May 3/06	Deputy Minister meeting				9.00		
May 9/06	CEO meeting - ETS x 2 (return)				4.50		
May 10/06	ARP Working Group ETS x 2 (return)				4.50		
May 15/06	CHC meeting ETS x 2 (return)				4.50		
May 17/06	CMA/Candian Club ETS x 2 (return)				4.50		
May 29/06	ARP Working Group		566.79	كما	6.00		
June 7-8 2006	Delta Lodge Kananaskis CPSI Patient Safety Conference	605.92	39.13				
June 7/06	Mileage from Edmonton to Kananaski						405
June 8/06	Mileage from Kananaskis to Peter Lougheed Hospital Calgary for meeting						121
June 8/06	Mileage from Peter Lougheed Hospital Calgary to Kananaskis						121
June 9/06	Mileage from Kananaskis to Edmonton						405
June 20/06	Secretariat - ETS x 2 (return)				4.50		
June 22/06	Halifax 6 Safety Conference registration			ر 674.10 _د	<i>y</i>		
July 10/06	Examination of Discovery ETS x 2 (return)				4.50	60	
				,			
						Total km	1052
		(or :	alternate rat	e as outlined in	n Section 2 – Trav		\$0.43
Totals		\$605.92		\$674.10	\$94.50	\$0.00	452.36

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Dinner

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.



Kananaskis Village, Alberta, Canada TOL 2H0

Tel.: (403) 591-7713 • Fax: (403) 591-7770 G.S.T. Registration #122372063 APPLICANT COPY

CPSI Patient

ARRIVAL/ARRIVÉE

FOLIO NUMBER N° DOSSIER

WED 07JUN,06

003033

DEPARTURE/DÉPART
FRI 09JUN,0

BALANCE/SOLDE . 00

FOLIO/DOSSIER

NAME/NOM

NIGHTS/NUITS

STATUS/STATUT

DATE:

TIME/HEURE ID

Dr KenesGardener

2

GCKNTOHIT/GARAPHILIN, 06

7:32a EB

MC

TATCHEL MATERIA TO STORE I CARLON DE LE

11/06

8440 104 St

1029

Section 17(1),(4)(e.i)

Edm	onton		AB T6	G 2B7	CA				
TINENO. Nº HGNE	DAIL	ROOM CHAMBRE		DISCRIPTION	Company of the second	RETERNO	AMOUNT MONTANT	10	
	- C								
001	07JUN	9061		In Room	Dining		17.00+		
002	O 7JUN	9061		In Room	GST		(.98±)		
003	07JUN	Rm 1029		Room			248.00+	MS	
004	07JUN	Rm 1029		Tourism	Levy 4%		9.56+	MS	
005	07JUN	Rm 1029		Room GS	T 7%		16.73→	MS	
006	07JUN	Rm 1029		Package	GST		.63→	MS	
007	NUL80	8974		BigHorn			21.75+		
800	NUU80	8974		Bighorn	GST		(1.38+)		
009	NUU80	MOVIE	- 1	On Comm	and Video		14.97+		
010	NUU80	Rm 1029		Room			248.00+	MS	
011	NUU80	Rm 1029		Tourism	Levy 4%		9.56+	MS	
012	NUL80	Rm 1029		Room GS	T 7%		(16.73+)	MS	
013	NUL80	Rm 1029		_Package	GST		.63+	MS	
014	09JUN			Masterc	_		605.92-	EB	

Section 17(1),(4)(e.i)

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment. Merchandise/or services purchased on this credit card shall not be resold for a cash refund.

I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

Je m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné.

Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans

les hôtels participants.)

BUKSA ASSOCIATES SUITE 307, 10328—81 AVE EDMONTON AB

CARD L

MASTERCARD

CARD TYPE

2006/06/22

DATE

5367 10:54:00

TIME 5367 RECEIPT NUMBER

M34537598-001-085-047 0

PURCHASE TOTAL-CAD

\$674.10

APPROVED

AUTH# 125739

01-027

THANK YOU

CARDHOLDER COPY





Halifax 6: The Canadian Healthcare Safety Symposium Safety Management: Changing the way we do things

October 19 to 21, 2006 Vancouver, British Columbia

RECEIPT

The Canadian Healthcare Safety Symposium GST # 81157 7345 RT0001

Date	Receipt No.
06/22/2006	H000224

Payer:

Ken Gardener 1J2.18, 8440 - 112 Street Edmonton, AB T6G 2B7

Inv No.	Description	Total Fees	Tax	Applied Amount
H0000293	Registration for Ken Gardener for the event:	\$630.00	\$44.10	\$674.10
	Halifax 6: The Canadian Healthcare Safety Symposium			

GST = \$44.10	Total Fees w/Tax	\$674.10
Master Card:	Total Paid	\$674.10
Section 17(1),(4)(e.i)	Total Applied	\$674.10
	Unapplied Balance	0.00

Thank you for your payment received on 06/22/2006.

Note: If you paid by credit card, your statement will read BUKSA Assoc. (780) 436-0983 Edm.

Halifax 6: The Canadian Healthcare Safety Symposium

c/o BUKSA Conference Management and Program Development Suite 307, 10328 - 81 Avenue NW Edmonton AB T6E 1X2

Phone: (780) 436-0983 ext. 231 Fax: (780) 437-5984 E-mail: halifax@buksa.com

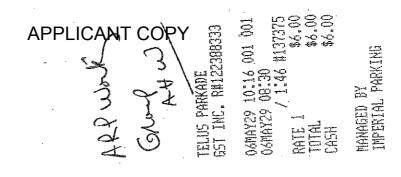
Edmuch USH -> Selfa Karansshir Hothen

Delta Karansshir -> Pek houghed Loquetu

Peter Loughed Loquet -> Delta K. 121 Kg

Delta K. -> Edward VAH - 402 Kg

















TELUS PARKADE GST INC. PM12238833?

06MARE3 17:34 001 001 06MARE3 14:46 / 2:48 8:30831

\$9.00 RATE 1 \$9.00 MAL

CASH. \$9.00

MANAGED BY INTERTAL PARKING

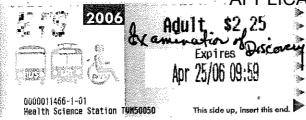


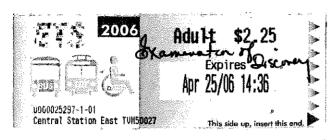
TELUS PARKADE 657 INC. R#122398333

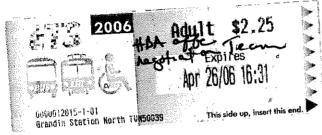
05APR05 15:33 001 001 06APR05 13:42 / 1:51 #132153

\$4,00 RATE 1 TOTAL CASH \$4.00 \$6,00

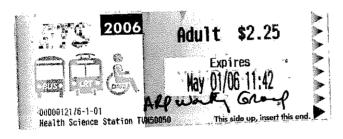


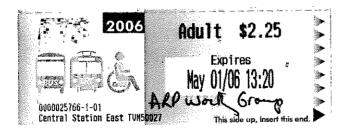












Examination of Discovery

Thank You For Parking At Commerce Place Parkade

06APR21 17:16 019 002 05APR21 09:34 01 / 7:42 #220787

 S0043092891

 RATE
 15.00

 TOTAL
 15.00

 Cash
 20.00

 CHANGE
 5.00

GST #897727657RT Have a Nice Day

62410:

790 - 27.50 w
690 - 239.20

69600:

790 - 468.80 w 70.00 n
690 - 753.31 w 11 n
69500 - 790 - 601.02 w
62412:
690 - 170.23 w 6.43 n
62414: 690 - 714.11 w 90.81 n



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: L	Or. Ken Gard	tener	Employee Numbe	r:	Union Na	me:	
Position	: Vice Presi	dent, Medical Affairs, Capital	Health_ C	Department: Med	dical Affairs		
Busines	s Phone: 4	07-7162	Period From: Mar	ch 30, 2006 to [December 31,	2006	
Expenses another o	Paid (pleas	se attach receipts). Do not . Complete details on the c	include amounts other side of the fo	paid by Capital I	lealth or rein	nbursed / reimburs	able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included
201	9000	71110106046	69500000			\$3,152.41	
		62410	266.70W				
		69600	1823.13 W	811	√SCA		
		62412 170.23W	6.4300				
	-	62414 714.11 908		7000	المراجعة ا		
		90.81	n JA		المام ال		
Less Cas	sh Advance			COUNTS		_	
Total				The second second	G,5-	\$3,152.41	
The inforn will be use	nation on the	nis form is collected under ss your claim.	section 4 of the Ro	egional Health A	uthorities (M	inisterial) Regulati	on and
I hereby claimed i	certify that by me or or	the expenses listed above my behalf from Capital He	were incurred on alth or other orga	Capital Health b nization.	usiness and	have not been prev	/iously
Employe	e Signature	Mulle		Da	te: Vac	2, 2007	,
Approve	d By: Sheil	Weatherill	Title: President	& CEO, Capital I	Health	Phone # 407-800	8
(Signature)	Se	Dogilas				Date onual	43/07
Approved By: (Print name) Title:					Phone #		
(Signature)						Date	
NOTE:	oo oloim	ust he properly authorized	and must be a		.1 ! 4 -		

- aim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

APPISEANT GORYS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
March 30 2006	Dinner: Murrieta's _ CEO Northern Lights -Bernie Blais		\$122.73				
June 8 2006	Parking: Calgary - return from Kananaskis conference to mtg in Calgary				10.00		
June 19 2006	Parking: Edtn Airport Council of CEO mtg. Calgary		_		13.00		
June 24 2006	RMDG Golf Day & Dinner:Drs Theman, Feasby, Mador, Dickout		416.07			601.02	
June 29 2006	LRT: UNA Joint Appeal				4.50		
July 4 2006	Parking: Examination of Discovery				/ 15.00		2
July 11 2006	Parking: Examination of Discovery				15.00		
July 12 2006	Lunch mtg: Dr Trevor Theman Boulevard Resturant		42.86				
July 12 2006	LRT: mtg Dr. Trevor Theman				4.50		
July 31 2006	LRT: CHC: PICU/NICU mtg.				4.50		
August 3 2006	LRT: CHC: E-ICU meeting				4.50		
August 11 2006	Lunch Meeting: Richard Butler Courtyard by Marriott		31.92				
August 11 2006	LRT ticket -return-mtg with Richard Butler				4.50		
2006 August 18 2006	LRT ticket-CHC - MA Business				∠ 2.25		
August 22	Plan mtg LRT ticket-CHC: PARA				2.25		
2006 August 28	payment mtg. LRT return ticket: AHW -				4.50		
2006 Sept 1	Master Committee Parking: AMHB Forensic mtg				/ 6.00		
2006 Sept 5	LRT return ticket: AHW PRPC				4.50		
2006 Sept 5	LRT ticket: CHC Interviews				/ 2.25		
2006 Sept 6	LRT ticket: CHC Interviews				/ 2.25		
2006 Sept 14	LRT return: CA Breast						
2006 Sept 18	Steering Committee Parking: Edtn Airport: Council				4.50		
2006 Sept 19	of Med. Directors Calgary mtg LRT: Westin Hotel: Health				/ 12.90		
2006	Board of AB mtg.				/ 2.25		
Sept 27 2006	LRT: CHC meeting				2.25		
						Total km	
		(or	alternate rate	e as outlined in	Section 2 – Trav	rel below) @	\$0.43
Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	SEE PGE

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Dinner

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

EXPENSE ANT OF RIS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Oct. 10 2006	LRT return: AHW PRPC mtg				\$4.50		
Oct. 13 2006	LRT return: College of Physician & Surgeons mtg				4.50		
Oct. 16 2006	LRT: AHW mtg.				2.25		
Oct. 17 2006	LRT return: Secretariat mtg				4.50		
Oct. 30 2006	LRT return: Examination of Discovery - Day 1				4.50		
Oct. 31 2006	LRT return: Examination of Discovery - Day 2				4.50		
Oct 19 2006	Westjet to Vancouver- one way - Halifax 6 Conference				158.65		
Oct 19 2006	Taxi: Vancouver airport to Sheraton Hotel-Halifax 6				/ 35.00		
Oct 19/ 20 2006	Hotel/meals: Sheraton Vancouver Halifax 6 conference	/ 498.80	112.47				
Nov. 6 2006	LRT: Master Committee				2.25		
Nov. 22 2006	Parking: Edtn Airport Ft. McMurray trip				12.90		
Nov 30 2006	Parking: Manulife Place Examination of Discover			:	17.00	·	
Nov 30 2006	Parking: Edtn Airport Western Canada CEO mtg				12.90		
Nov 30 2006	Hotel: Delta Calgary Airport Western Canada CEO mtg	176.66					
Dec 4 2006	LRT: HBA office: meeting				2.25		
Dec 5 2006	LRT return ticket: AB Cancer Board mtg				✓ 4.50		
Dec 12 2006	LRT return: CHC meeting				4.50		
Dec 15 2006	Parking: Telus Parkade Richard Butler mtg				/10.00	3	
Dec 18 2006	Parking: Hotel MacDonald Susan Paul Retirement		,		6.00		
Dec 18 2006	RMDG Christmas Lunch Ric's Grill (19 people)		689.53				
Dec 19 2006	Parking: Manulife place Secretariat				17.00		
Dec 20 2006	Parking: Commerce Place Hosp Priv Appeal Board				/ 15.00		
Dec 22 2006	Parking: Manulife Place Examination of Discovery				16.25		
				1		Total km	
Totals		*(or a \$675.46	\$1,415.58	e as outlined ir \$0.00	Section 2 - Trave \$460.35	el below) @ \$601.02	\$0.43*

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast \$8.00 (if

Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

Use of personal automobile – From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).

Lev Halletyl

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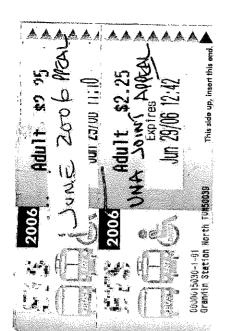
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Section 17(1),(4)(e.i)

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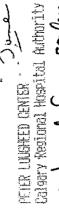
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Car park

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EDWONTON ATRPOR



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* Accounted Lotal

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hole your patronage! Preuse Come Again,

44 Open 24 hours 产 联团成 50g **

58

n NORTHERN BEAR GOLF CLU C 51055 RANGE RD 222 T8C169 50015496 SHERWOOD PARKAB 0 GARDENER KEN J.DR Name: 3 Acct # M JJ. Section 17(1),(4)(e.i) Date 06/08/24 Time 22 15 06 Exp Date Auth # 001538 n Card Type MC Tran Code 01 N22791624003 001702060 Н m Op ID: 013 SHEENA Z Invoice No.: 9389 Subtotal \$366.07 Tip Total Signature X_____ lagree to pay above total amount according to card issuer agreement Retain this copy for your records

Top copy-customer Bottom copy-merchant

Northern Bear Golf Club

Chit Details

Guest : Cash

Server: Pro Shop - AM

Pro Shop Area:

Chit #: 09060924 Time: 3:51pm Aug 24/06 Date:

94.50 990001 Green Fee 94.50 990001 Green Fee 94.50 990001 Green Fee 94.50 990001 Green Fee 94.50 990001 Green Fee 94,50 990001 Green Fee

> 567.00 Sub-Total: 34.02 GST# 871143327

> > Chit Total:

Master Card

CART LIABILITY

Cart No:_

I promise to hold Northern Bear Golf Club free from any damages or claims whatsover that may arise from my use of said golf cart. I am familiar with the operations and use of said only cart and am abla

DR. THEMAN

NORTHERN BEAR GOLF CLU 51055 RANGE RD 222 TBC1G9

SHERWOOD PARKAB 50015496

Name: Gardener ken j.dr Acct #

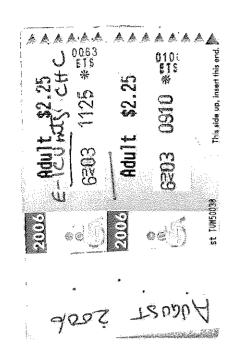
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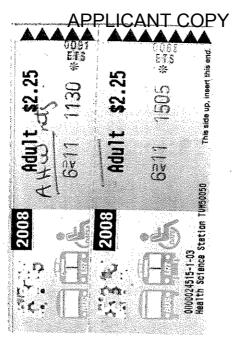
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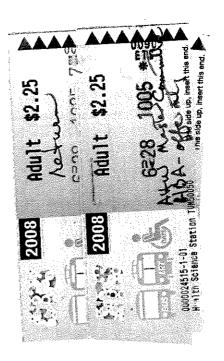
Signature X_ I agree to pay above total amount according to card issuer agreement ' Retain this copy for your records

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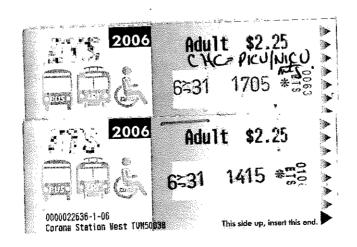
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Courtyand by Marriott [] Imonton Courtyard [] & Jasper Avenue Edratum, AB Canada 15J2E7 [] 150-423-9999	189	ger ger	Subtotal 25.40 GST 1.52 12:45 Fotal 26.92	.avuity:	Signature Gourtyard & Parilotti

Exemination of Discovery Dr. F.

Best copy available

July 2006 of Discovery DR.F.

Best copy available

2006
Adult \$2.25
Adult \$2.25
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Section 17(1),(4)(e.i)

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42 86 CE T. 7000

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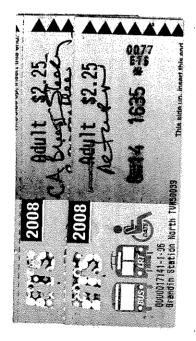
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Barbara Fargith

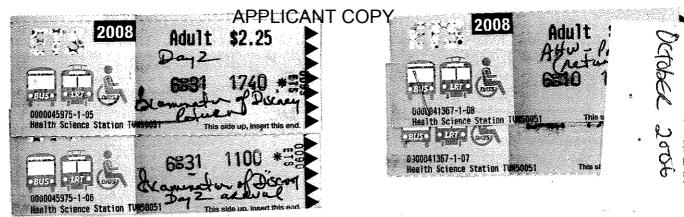
EDMONTON AIRPORTS











RECEIPT

COQUITLAM TAXI (1977) LTD.

BELAIR TAXI LTD.

PORT COQUITLAM TAXI LTD.

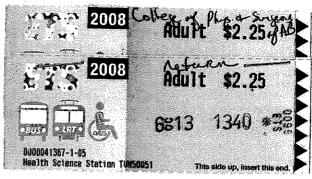
DATE: 10/19 \$ 35 INCLUDING G.S.T.

FROM: [V]

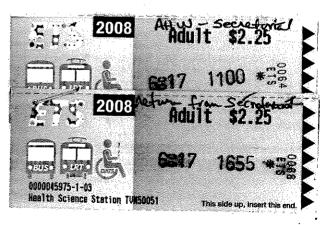
TO: CAB #:/2

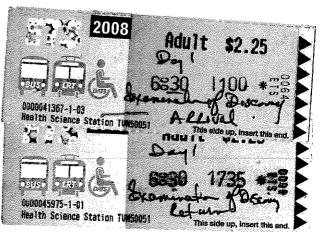
TEL: 604-544-1111 OR 604-937-3434

Thank you for Riding with us.









Ken Gardener

From:

<itinerary@westjet.com>

To:

s.17(1), 17(4)(g)(i)

Sent:

August 25, 2006 5:30 PM

Subject:

WestJet travel itinerary. Have a great flight!

WESTJET 5055 11 ST NE

CALGARY, AB T2E 8N4

Agent Number: INET

***** Confirmation Number: H6TELD *****

2:47pm 0

Gardener/Ken

Date Booked:

25AUG06

Modified:

25AUG06

Booked By:

Gardener/Ken

s.17(1), 17(4)(g)(i)

Welcome Aboard: Ken Gardener

Non-Responsive

Date

Flt Depart

Seat Arrive

Stops

Thu 19Oct06 143 EDMONTON

2:15pm

VANCOUVER

Total for 02 guest(s)

Fare:

224.00

NAV/INS:

36.00

EDMONTON AIF:

30.00

ATSC:

9.34

GST/HST:

17.96

Call us Toll Free: 1-800-538-5696

Total

\$317.30 CA

Visit our Website at www.westiet.com

Master Card:

\$317.30-

Balance Due:

\$0.00 CA

QST# 1202807956TQ0001 GST# 866112535

Rules and other stuff:

* For Domestic Flights: Identification will be checked for adults 16 years of age and older. Infants and **Unaccompanied Minors**

require proof of age. Please check-in a minimum of 90 minutes prior to scheduled departure. Guests are required to be through

security and at their departure gate 30 minutes prior to the scheduled departure of their flight. Guests arriving at the gate

less than 10 minutes prior to departure risk losing their reserved seat.

1/2/168

GUSST

SNATI2

APPLICANT COPY

Come back soon

Sheraton Vancouver Wall Centre Hotel 2088 Burrard Street Vancouver, British Columbia V6Z 2Rg Canada

T 604 331 3000 sheratonyancouver com

TRAVEL AGENT/CHARGE TO

MR Ken Gardener Buksa Associates

2163 Room 215.00 Rate No pers Folio

244298 EX-A

Page Arrive

19-OCT-06 16:29 22-OCT-06

Section 17(1)

Depart MC Payment

DATE	科福門採用信仰信任	Oescription	DEST CHECK
19-OCT-06	RT2163	Room Charge	215.00
19-OCT-06	RT2163	Room Tax	21.50
19-OCT-06	RT2163	Room GST	12.90
20-OCT-06	RT2163	Room Charge	215.00 🛩
20-OCT-06	RT2163	Room Tax	21.50
20-OCT-06	RT2163	Room GST	12.90
20-OCT-06	8936	Indigo Food	34.45
20-OCT-06	8936	GST Indigo	2.07
20-OCT-06	8936	Indigo Gratutity Non Res	sponsive 5.00
20-OCT-06	9036	Room Service	38.86

21-OCT-06 9164 Indigo Food	26.50
21-OCT-06 9164 GST Indigo	1.59
21-OCT-06 9164 Indigo Gratutity Non Responsive	4.00
	3
22-OCT-06 MC MasterCard 1042.07-	

Total Charges Total Credits Balance Due 1042.07 1042.07-0.00

** continued on the next page **

Tagree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges

Signature

MR Ken Gardener

FOLIO 244298

19-OCT-06

世以姓氏T

DATE

APPLICANT COPY

Come back soon

Sheraton Vancouver Wall Centre Hotel 1088 Burrard Street Vancouver, British Columbia V6Z 2R9 Canada T 604 331 1000 sheraton vancouver com

TRAVEL AGENT! CHARGE YO

MR Ken Gardener Buksa Associates Rate 2163 215.00

No pers 2

Folio 244298 EX-A

Page 2

Arrive 19-OCT-06 16:29

Depart 22-C

SNATI2

REPERENCE DESCRIPTION

DEBIT CREDIT

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Thank you for choosing Sheraton Vancouver Wall Centre! We look forward to welcoming you back soon!

GST Summary for your stay:

Room Revenue GST Food & Beverage GST Phone/Fax/Copy Services GST Other Revenue GST

Total GST for your stay:

) do not kill

Non Responsive

Sheraton Vancouver Wall Centre GST Vendor # 105576383 RT0001

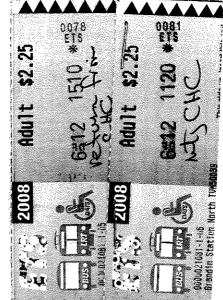
Lagree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges

As a Starwood Preferred Guest you have earned approx 1498 Starpoints for this visit A50192847599.

MR Ken Gardener FOLIO 244298 19-OCT-06 Decembed 2006







AND REAL TO

TELUS PARKADE 651 INC. RM12238933 06DELIS 17:23 001 002 06DELIS 14:57

RATE 1 \$2.26 #157145 \$10.00 TUTAL \$10.00 CASH \$10.00

MANAGED BY INPERIAL PARKING Hotel Macagness

THRWK YOU FOR PARKING WITH TAPERIAL PARKING MACDONALD ESPITES

HATE 1 160.00 16

Tilank You For Parking Al Commerce Place Parkade

06DEG20 16:12 019 002 06DEG20 09:02 02 / 7:10 #287377

80097640606 RATE

15.00 TOTAL 15.00 นิสรท 20.00 CHANGE 5.00

66T #897727657RT Have a Nice Day

Secretarial

HANULIFE PLACE GREARTED BY STANDARD PARKING

05DEG19 17:00 001 302 06DEG19 09:36 7:24 43/87:3

5000662 \$17.00 RATE 1 217 00 TOTAL CASH \$70.00

SST INCLUDED GS1# RI19580595 HAVE A NICE DAY

MANULIFE PLADE OPERATED BY

STANDARD PARKINS

06DEG22 12:27 001 00% 06D5C22 08:05 / 4:22 #350595

5052300 RAFE 1 \$2.25 \$2.25 \$2.25 CTAL

021 INCLUDED 6974 Rii9580595 LOVE A MICE DAY

Seafood, Steak and Chophouse

+ 43°3 + 370**52702**

123 Palda a

RIC'S GRILL - DUNNTOWN
Seafood, Steak and Chophouse
10190 104 Street
Fidenton, AB
(780) 429-4333
b.' 1 97052702
Date; pc '0h 01:24PM
Acof W

Auth Code: 183127 Section 17(1),(4)(e.i)

689,53

6629 Sec 7571 : 123 PARTY O FIN J.DR GARGENER

I AGREE TO PAY THE ABOVE AMOUNT PER THE CARDHOLDER AGREEMENT MEDICAL

DIRECTOR'S XMAS LUNCH

Exp Date:

lable. Getver:

Subtotal:

TOTAL

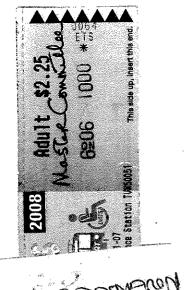
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	3 CAPPUCING PIE	14.00
. 4	© 7.00	21.00
	1 CHEESECAKE	7.00
	1 GINGED CAVE	7.00
	1 SHIRLEY TEMPLE	3.50
	1 SHIRLEY TEMPLE 4 *Pop/Ice Tea © 2.75	6.00
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	9 9.50	19.00
	8 COFFEE/TEA @ 2.75	oro. alo
	2 500ML PELLEGRINO	22.00
	€ 4.00	8:00
	1 TOMATO	3.00
	1 VIRGIN CAESER	3.50
	7 LATTE @ 5.00	35,00
	1 CAPPUCCINO	5.00
	Kanual Grat	106.00
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⊌ 4.00	5.00
1 TOMATO	3.00
1 VIRGIN CAESER	3.50
7 LATTÉ @ 5.00	35.00
1 CAPPUCGINO	5.00
Manual Grat	106.00
Subtotal	550,50
Servic Chrg	106,00
GST	33,03
Amount Due	589,53

72



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Car park

Receipt uni unter (191/00607 22.11.06

Length of stass to by, 14 Hr, 23 Min. 22,11,06 0p.0s - 72,11,06 20,29

12,90

arsepted total change

20,00 \$ 7,10 \$ 0,73 \$ 6.00 % ت. بي نا

Thank you for your patronage! Please Come Again! ** Open 24 hours ** ** Thank you **

Exemplish of DISONEY

The Steven

OGNOV30 14:11 001 001 OGNOV30 07:54 20612# 4T.9

STANDARD FARKING

MANULITE PLASE OFERATED BY

3283 272307

CHANGE FAIE 1 罗艺

GST INCLUDED GST# R119580595 HAVE A NIDE DAY

EDMONTON AIRPORTS

780)880-8430 ######## \$128599776 ****** CEO IT . enorge Phone. Car park

Resenct so. 9250/0780/00802 01.12.08

828-069(081)

X

6/6/10 pay persong troket 12,90 \$ 30,11.06 lacst - 01.12.08 14:35 tength of stay; 8 by, 23 Hr., 44 Min.

8

20,00 0.16 accepted total change G.S. T.

73



2001 Airport Road N.E., Calgary, Alberta T2E 6Z8

Tel.: (403) 291-2600 • Fax: (403) 291-3419 G.S.T. REGISTRATION # 139445290

ARRIVAL/ARRIVÉE

30NOV, 06THU

016884

DEPARTURE/DÉPART 01DEC,06FRI BALANCE/SOLDE .00

FOLIO/DOSSIER

NAME/NOM

Dr Kenneth Gardener

NIGHTS/NUITS 1

STATUS/STATUT

DATE Ck-Out 01DEC, 06
GUARANTEED BY/GARANTI PAR

TIME/HEURE FA

8:15a

MC

04/10

Section 17(1),(4)(e.i)

CA

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LIM NO. N° LIGNE	DATE	ROOM CHAMBRE	DESCRIPTION		REFERENCE REFERENCE	AMOUNT MONTANT	ID .
						15.89+	-REMOVEO
002	30 N OV	. 01/409	Room Non Responsive	Rm 409	•	159.00+	РJ
003	30NOV	01/409	Dest.Mkt. Fee	Rm 409	,* +5-\$	1.59+	PJ
004	ЗОЙОЛ	01/409	Tourism Levy Tax	Rm 409	4	6.43+	PJ
.005	30NOV	01/409	Room GST	Rm 409		9:64+	РJ
006	01DEC	01/409	Master Card			192.55-	FA

Section 17(1),(4)(e.i)

305 30MO

---Amounts indicated with a "B" include G. G.S.T. SUMMARY

В

.90+

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14

256

1.100

G.S.T. 8

9.64 +

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. Delta agrees to transmit to credit card issuer for payment, Merchandise/or services purchased on this credit card shall not be resold for a cash refund. I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$.50 (Mon.-Fri.) and \$1.25 (Sat.) credit to my account. (At participating hotels.)

le m'engage personnellement à acquitter les frais encourus soit en partie, soit en entier, à défaut de paiement complet par la compagnie, l'association ou son représentant désigné. Delta Hôtels convient de transmettre cette note au fournisseur de la carte de crédit pour paiement. Les achats en biens et services effectivés avec cette carte de crédit ne peuvent être revendus pour un remboursement en espèces.

J'ai accepté la livraison du journal. The Globe and Mail. Si J'avais refusé, J'aurais pu obtenir un crédit à mon compte de 0,50 \$ par jour (du lundi au vendredi) et de 1,25 \$ le samedi. (Dans les hôtels participants.)

74



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name:	Dr. Ken Gar	dener	Employee Numbe	r:	Union Na	me: Page 2	
Position	ı: Vice Pres	ident, Medical Affairs, Capita	l Health	Department: f	Viedical Affairs		
Busines	s Phone: 4	07-7162	Period From: Dec	ember 7, 2006	to August 9, 2	2007	
Expenses another o	Paid (plea rganization	se attach receipts). Do not . Complete details on the	include amounts	paid by Capit			able by
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canad Currency		Canadian \$ (including GST)	✓ if GST included
201	9000	71110106046	69500000			\$1,052.85	
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		69600= 244.20	44.000	Capital Hea			
		400.25	4.00	EJEIV	'EP		
		400.25		\$EP 1 4 20	07		
Less Cas	sh Advance			ACCOUNT	S		
Total						\$1,052.85	
VIII be use	ed to proce:	nis form is collected under ss your claim. the expenses listed above)				
claimed l	by me or or	my behalf from Capital He	ealth or other orga	nization.	Dusiness and i	nave not been prev	lousiy
Employe	e Signature	: Mules			Date:	9/9/07	
Approve	d By : Sheila	a Weatherill	Title: President	& CEO, Capita	al Health	Phone # 407-800	3
(Signature)		Hurarden				Date SEPT. 10	107
Approved (Print name			Title:			Phone #	
(Signature)						Date	
OTE:				Va	,	· · · · · · · · · · · · · · · · · · ·	
approv	ver. The ap	ust be properly authorized prover must initial individu ng documents to indicate a	al items that are no	ot supported i	ov original invol	ices or do not have	all the

- approval.
 GST amounts included in the expense claims will be calculated by Accounts Payable.
- · For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 107 Street, Edmonton, AB T5J 3E4)
- · Out of province expenses also require approval of Chief Operating Officer or Vice President.

AXPENSE ALATMOETAY S

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
April 16/07	Parking: Examination of Discovery				\$18.00		
April 17/07	Parking: Secretariat & ARP Joint Secretariat meeting			51.41	18.00		
April 26/07	Madison's Gril: Dr.Theman, Dr. Predy mtg Infection Control	,	60.41	9.00			
April 26/07	LRT (return): College of Physicians				4.50		
April 27/07	Parking: College of Physicians & Surgeons meeting				14.00		
May 3/07	Parking: Long Service Awards				5.00		
May 15/07	Parking: Secretariat				20.00		
May 25/07	Parking: AMA meeting				8.00		
May 29/07	Parking: EMS/CH/City of Edtn meeting			-	4.00		
June 5/07	Parking: AMA meeting				8.00		
June 18/07	Parking: EMS/CH meeting				4.00		
June 28/07	Golf: Dr. Theman, Dr. Dickout, Phil Hassen (Red Tail Landing			75-39		360.40	w
June 28/07	Dinner: Dr Theman, Dr Dickout, Phil Hassen (Red Tail Landing)		87.39	12.00			
July 3/07	Parking: Prov. Access Strategy Committee				/ 12.00		
July 7/07	Parking: AHW - Part 5 Replacement meeting				7,50		
August 9/07	Parking: Dr. A. Ausford mtg				8.00		
			:				
							64° '40, 41° ' ''
			.14	/31	<u> </u>	Total km	.
T-4-!-		*(or a			Section 2 - Trave	\$0.43*	
Totals			\$288.20	\$0.00	\$404.25	\$360.40	

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 250 kilometers; or
 - 2. Monthly expense equivalent to four (4) return cab fares at \$20 one way; or
 - 3. Daily requirements to utilize personal vehicle in the course of duties reimbursed at \$0.50 per kilometer.

EXPENSE CALMIM CETRILS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
Dec 7 2006	Parking: Ft Sask/Strathcona Hospitals Steering Committee				\$6.00		
January 4 2007	Parking: AHW meeting - Telus parkade				✓ 8.00		
January 12, 2007	LRT: Master Committee - Telus Plaza				/ 2.25		
January 16, 2007	LRT (return): Secretariat - Telus Plaza				. 4.50		
January 17, 2007	Parking: GNH - Vascular Operations mtg				4.00		
January 23, 2007	LRT (return): Cancer Board mtg				4.50		<u> </u>
January 25, 2007	Parking: Government House meeting				8.00		
January 26, 2007	LRT (return) - AHW meeting				4.50		
January 26, 2007	Parking: College of Physicians & Surgeons meeting				12.00		
January 29, 2007	Parking: Hospital Privileges Appeal Board meeting				18.00		
February 5, 2007	Parking: Master Committee				15.00		
February 7, 2007	LRT: CHC - Operations Committee				2.25		
February 8, 2007	LRT (return) - AHW- CSI/DB meeting				4.50		:
February 12, 2007	Parking: AB Medical Association meeting				∕ 8.50		
Feburary 14, 2007	LRT: AHW - Richard Butler meeting				2.25		
March 6, 2007	Parking: Kim Wakefield meeting				/ 16.00		
March 16, 2007	Parking: Master Committee				8.00		
March 20, 2007	Parking: Secretariat				17.00		
March 21, 2007	Parking: Trial witness				/ 14.00		
March 27, 2007	Cab (Calgary) Prostate Cancer meeting (from Airport to mtg)				~20.00		
March 27, 2007	Cab (Calgary) Prostate Cancer meeting (from mtg to airport)				20.00		
March 27, 2007	Cab from International Airport (Calgary Prostate Cancer mtg				√ 46.00	42.00 4.00	
March 30, 2007	Parking: AHW meeting			117.40	/ 8.00	()	
April 5/07	West Edtn Keg: Dr. A. Bailey, Dr. E. Schuster meeting		140.40	23.60			
April 11/07	Parking: CHC meetings x 4				/ 16.00		
April 13/07	Parking: CH/City of Edtn EMS meeting				4.00		
						Total km	
		(or a	Iternate rai	e as outlined in	Section 2 - Trav	vel below) @	\$0.43
Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	SEE PGE 2

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch \$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)
Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are reasonable.

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- · Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.

December



JANUARY

Macting

TELUS PARKADE GST INC. R#122388333

07JAN04 16156 001 002 07JAN04 15107

TOTAL 58.00 CASE \$8.00

MANAGED BY IMPLATAL PARKING



them or a size of the size of

AMOUNT PAID

\$ 4,00 16520000 17:32

CARITAS HEALTH GROUP
CHARGES ARE FOR THE USE OF PARKING SPACE ONLY.
CARITAS HEALTH GROUP IS NOT RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

OR DAMAGE TO CAR OR CONTENTS.

CARTIAS IN HEALTH GROUP NON TRANSFERABLE 126757

DETACH RECEIPT FROM TICKET

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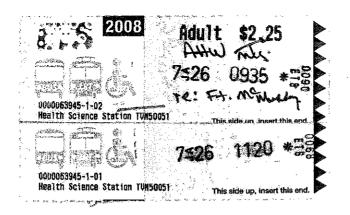
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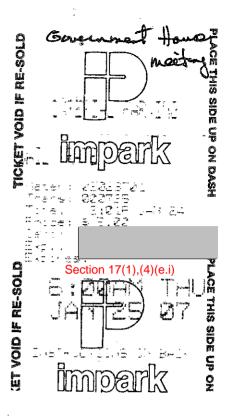
GREDIT CARD NUMBER GNH Operation

CARITAS HEALTH GROUP

CARITAS HEALTH GROUP RECEIPT 126757







TELUS PARKADE GST INC. 9#122328933

07JAN26 15106 001 002 07JAN26 12:31 / 2:35 #160174

TOTAL

\$12.00 \$12.00 \$12.00 CASH

MANAGED BY IMPERIAL PARKING

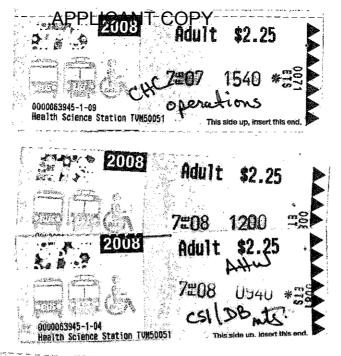
Thank You For Parkins Ai Cummerce Place Parkade

07JAN29 16:21 019 002 07JAN29 09:19 01 7:02 #296688

50036007226 18.00 RATE TOTAL

18.00 18.00 දියප්1

6ST #897727657RT Have a Nice Day



2008

0000063945-1-06

Health Science Station TUM50051

TELUS PARKADE

07FEB05 07.11

TOTAL CASH

MANAGED BY IMPERIAL PARKING

EST INC. RM122388333

07FER05 11:10 001 001

_/ 3159 #161021

\$15.00

\$15.00

\$15.00

GST# R128599776

Car park :: 131009 Phone (780)890-8439 Ab Medern Hax. (780)890-8329 Association at 1900.07 Receipt to

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/ 7:33 #358517

901H0.W RATE 1 \$17.00 MAL \$17.00 CASH \$20.00 CHANGE \$3.00

GST TNCLLUED 687# R119580595 HAVE A NICE DAY

TELUS PARKADE GST INCL R#122388333

07MAR16 15196 001 002 07MAR16 13136 / 2100 #164843

\$8,00 TOTAL CASH

MANAGED BY IPPRIAL PARKING

ihank You has Parking Hi Commerce Flace Parkage

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Amount: Unit No.:

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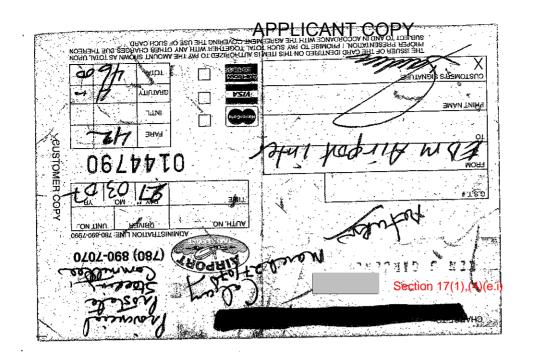
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65: ABY 172765 AT HEVE & HILLE DAY

Amount:

G.S.T. No. "It is our pleasure to serve you. Please call again." .



Miss

TELUS PARKADE GST INC. R#122388333

07MAR30 11:10 001 001 07MAR30 09:15

/ 1:55 #166315⁻

RATE 1 \$8.00 TOTAL \$8.00 CASH \$8.00

MANAGED BY IMPERIAL PARKING



APRIC

WEST EDMONTON KEG

Section 17(1),(4)(e.i)

AUTH 215544 PURCHASE TBL 98

CHECK BAP

K 209043 CINDY990

003001001600

Tran 25944 KEG21402 APPROVED 215544 00-001

AMOUNT GST 110.75 6.6°

SUBTOTAL

117.40

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140

TOTAL

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Ixamenation of Discovery

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7 6:50 #367667

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RESURTIVENOSES
RESURTADOS
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Thank You For Parking At Commerce Place Parkade

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Best copy available

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2008 Adult \$2.25

0000063945-1-05
Health Science Station TUN50051

0000063945-1-07
Health Science Station TUN50051

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TELUS PARKADE 'OST INC. 9#122389333

07MAY25 16:34 001 002 07MAY25 14:33

7 2:01 #171794 \$9.00

RATE 1 TOTAL \$8.00 CASH \$8.00

MANAGED BY IMPERIAL PARKING

SHAW CONF. CENTRE 00.8 IN: ZUUZ Isa * maximum Daily Rate charged on lost tickets. * Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. * We reserve the privilege of moving vehicles to other section of lot. * Ticket is non-transferable. * No in and out privileges. DETACH THIS PORTION FOR VALIDATION RECEIPT OR MAY 12 7017
VALIDATION
IMPERIAL PARKING
CANADA CORPORATION
10239 107th TREET
EDMONTON, ALBERTA 420 1075
AMOUNT impark

THIS FEE INCLUDES G.S.T. REG. #88731 5638 RT0001
VISIT OUR WEBSITE AT www.impark.com

TELUS PARKADE GST INC. R#122388333

07MAY15 14:46 001 002 07MAY15 09:23

/ 5:23 #170644 \$20.00

RATE 1 TOTAL \$20.00 CASH \$20.00

MANAGED BY IMPERIAL PARKING

EMS/CH + City of EDTN neeting Impare Lot COCA-1-1 Edmonton, AB.780-421-1976 GST #38731 5638 F 10001 Machine Seetal #:000004271001 EXPIRY DATE AND TIME ⊡(P 04:21pm 447 29,2007 04:21pm JT# 000201 44CH# 001 T C# 0003121 TICKET# LTF \$0004 FACE UP ON DASH 00031273 000000111 44729,2007 \$1004.10 12:23pm FOLLOW INSTRUCTIONS ON SIGN POSTED urchase Ti \$4.00 for 2 hr: Pay from your cell ahone. 423-1922 Location 8623. Location (6823. goto www.lmparkWineless.com

50-HΒ NISKU CARD MASTERCARD CARD TYPÉ 2007/06/28 DATE 0336 14:41:32 TIME RECEIPT HUNDER \$306000000-001-28% 060 V PURCHASE TOTAL - UNIT ua -027 AUTH# 164133

1. 1941 - BERTHAM

THANK

TELUS PARKADE 65T INC. R#122388333

07JUN05 19:15 001 002

07JUN05 16:44 / 2:31 #172807

\$8.00 RATE 1 \$8.00

TOTAL \$8.00 CASH

MANAGED BY IMPERIAL PARKING

502 12TH AVE AΒ NESKU

CARD MASTERCARD CARD TYPE 2007/06/28 DATE 0077 21:11:36 TIME RECEIPT NUMBER \$30657007-001-199-070-0 PRE-AUTHOR/(SAT/FF) 175.39

TIP TOTAL-CAD

AMOUNT

01 - 027AUTH# 231+37 THANK YOU

CARDHÜLDER COPY

Impark Let COCE-1" Edmontoli, AB.780-421-1976 GST #38731 5638 F F #001 Machine Serial #:00000427100 3**(**P ∂3:50pm EXPIRY DATE AND TIME .iJN 18,2007 03:50pm JT-7 0002011 44CH# 001 ¢C#: 0003294 周日群 TICKE # \$0004 (00032947 i JN18,2007 1:50am FOLLOW INSTRUCTIONS ON THE PROPERTY Firchase Tim \$4,00 for 2 hr Pay from your cell afone. 423-1922 Localii 91-23. joto www.lmparkWins.scom

RedTail Landing Golf Club 'PU Box 1070 Nisku,AB Canada T9E 8A8 Phone: 780 890 7888 Fax: 780 890 7887 #: 889917514

Check#	June 28, 2007
Customer 1	09:11 pm
CLUBHOUSE	RENORA N
Table: 103, Seat: 1	
idule, 100, court	
STEAK SANDWICH	
1 @ \$13.95	\$13.95
RTL PHILLY BEEF	
1 0 \$11.50	\$11,50
	4 1 1 1 1 1 1
RTL BURGER	\$11.95
1 @ \$11.95	Φ11.32
SLICE CHFESE	s . a4
1 @ \$ 0.75/laxin	\$0.71
ITALIAN CALIMARI SALAD	
1 @ \$12.50	\$12.50
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2 & \$5.00	A. S. C.
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FATHERS DAY DINNER BUFFET

SUNDAY JUNE 17TH 5 PM

CALL OR E-MAIL DEAN STEFANIC FOR MORE INFORMATION 890 7866 CHEFGREDTAILLANDING COM

 $(..)^{+}(..)^{-}(..)^{-}(..)^{-}(..)^{-}(..)^{-}(..)^{-}$

CITY OF EDWONTON LIBRARY PARKADE 6ST # 119326270 RT0001

Root# 26895 07/03/07 19:17 L# 2 A# 6 Txm# 86343 07/03/07 16:45 In 07/03/07 19:17 Out Tkt# 234826 Regular Rate \$ 7.倪 Total Tax 0.42 Total Fee 7.50CASH PAID 7.50-Cash Tender \$ 10.00 Change Due 2.50

COME AGAIN

- fact 5.

Statesy Commelee

TELUS PARKADE GST INC. R#122388333

07JUL03 15:06 001 002 07JUL03 12:29 / 2:37 #175643 RATE 1 TOTAL \$12.00 \$12.00

MANAGED BY IMPERIAL PARKING

CASH



APPLICANT COPY Payment Requisition

Accounting Services 10th Floor, North Tower CHC 10030-107 St. Edmonton, Alberta T5J 3E4

1. Required fields are	I P	AYEE INF	ORMATIO	N (Check	one o	nly) 🔲	Vendo	r 🗌 Patient	No.		
Invoice date, Invoice number, Vendor name.	Invoice	e Date			Invoi	ce Numb	er		P0#	ļ	
2. Address is required if there	Vendo	r Name	DR.	KEN	GARDENER V			Vendor N	Vendor Number		
is no invoice. 3. In all cases if	Addres	ss empl	Jayee:	井	Section 17(1)			City	City		
a P.O. was used it must be noted.	Provinc	ce/State			Postal Code (Country			
4. Complete entire section.	II PA	AYMENT I	DETAILS	Reason	for pa	yment:	Rein	nbursen	rent	of a	ir fare
5. CMS contract number is provided by	for	. wife	- Mar	Jyn	(Ct	t ne	eting	g in ot	Lawa	-Car	scaled trip)
CCO. 6. The	Is this a	a P.O. or c	ontract pay	ment? [Yes	□ No		V	FOR.	DL.G	orderee's
exemption numbers are assigned by Accounting		ontract nur	equires a comber, pleas					CMS (Co Number	ntract Mar	agement :	System) Contract
Services 7. For invoices		i contract c s describe	or PO purch	nase, doe	s it co		items u exempt	inder CAD 4.4. ion#	.1 Section	A, 6 (f) Pa	ge 2 6/2
with a purchase order, only invoice total is required.	Goods / services have been received, price agrees to contract or P.O. as applicable and calculation is correct										
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8. All fields are required if there			ODES (IN provide Con			NCIAL SY	STEM	FORMAT)			·-
is no purchase order.	Bal Unit e.g. 201	Location e.g. 9000		onal Centr 113505004		Accor e.g. 695		Expense Sub-Total	GST i	fapplicable	Total Payment
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11. This section	IV AU	THORIZA	TION								Cuto Company of Compan
is required for all payments. 12. Approver	l confin	m that the	above ite	ms have provided	not be on thi	een previ s form is	ously p	oaid, the expe ate and comp	nses relat lete.	e only to	Capital Health
should not be requisitioner	Requisiti	oned by(<i>Pri</i>	nt name	sloces	Smi	HSON	(Signa	ture DSm	other		Phone # 407-7/62
unless no other person is available.	Title:	· · · · · · · · · · · · · · · · · · ·				· · · · · ·			//	1/6/11	Date Nov . 16/07
13. Approver	7		name)SHE		J6ATT	HERILL	(Signa	JAKK KELL	Alwa	4 19. 1	Phone #407 -8008
confirms that this payment has not already		ESIDENT	+ -	0				g Authority Leve	: # 	<i>i</i>	Date Nov. 19107
been made.		by (Print	name)				(Signa				Phone #
AUTHORIZATI	Title: ONS SH	OULD BE	IN ACCO	RDANCE	WITH	SIGNING		g Authority Leve			Date CE 4.1 – SEE PAGE 2
FOR DETAILS											The second of the second of
 All employee All cheques a Fully complet 	and attachi ted payme	ments will be nt requisition	mailed out b	y Accounti Accountin	ng Serv g Servio	ices. Cheques by MON	ues will N IDAY, 4:0	NOT be pulled an 00 p.m. will be processing			is for mailing.

90

MARLIN TRAVEL BRANCH: N61107 0-0 101017690 MAIN FLOOR, 9929 108TH ST. GST REG# 885101915 EDMONTON, AB T5K 1G8 PHONE: 780-425-8611 TO: CAPITAL HEALTH YOUR REF (PERSONAL CARD SUITE 800, NORTH TOWER LOCATOR : X6VM4C 10030-107 ST OUR REF : ZCH0016821C EDMONTON AB, T5J 3E4 AGENT : KAREN GONZALEZ INVOICE *** D U P L I C A T E *** INV NO: 19906 DATE: 22JUN07 PAGE: 1 FOR: MRS MARIYLN GARDENER PERSONAL CARD *** AIR/RAIL/BUS *** CARRIER FLT/CL ST DATE DEPART ARRIVE MEALS BAGS AIR CANADA 104 L HK 110CT 7:50A 1:35P 2PC FROM TOEDMONTON INTL OTTAWA A320 SEAT 18B EDMONTON INTL AIR CANADA 143 L HK 140CT 7:25P 9:40P 2PC OTTAWA A320 SEAT 18E (INCL 39.90 AIR CANADA TKT NO AC 5976 098481 TAX) 831.90 GST/HST 0.00 831.90 *** SUB-TOTAL EXCLUDING GST/HST & APT *** TOTAL GST/HST 0.00 *** TOTAL CHARGES THIS INVOICE *** 831.90 PAYMENT BY CA TKT 5976098481 831.90 *** BALANCE DUE THIS INVOICE ****
Section 17(1),(4)(e.i) 0.00 BALANCE DUE TO DATE 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE

TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

ACCEPTED:.....DECLINED:....

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD....PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER......
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR

Itinerary

Print Itinerary Log Off Itinerary Information Today's Date: Thursday, June 28, 2007 Reservation ID: X6VM4C Agency Information MARLIN 9929 108Th St Government Ctr Edmonton, AB T5K 1G8 Canada Agency Phone: 780 425-8611 MARLIN TRAVEL 60-87935-0/-KAREN Gardener, Mariyin Mrs. Personal Card Flight - Air Canada (AC) - 104 Thursday, October 11, 2007 Flight 104 # Non-stop Class of Service: Economy (L) Air Canada Confirmation Number: PQ6C6Z Depart: Edmonton Intl Arpt (YEG) 07:50 AM Terminal Not Available Thursday, October 11, 2007 Arrive: Ottawa Intl Arpt (YOW) 01:35 PM Terminal Not Available Thursday, October 11, 2007 Seat **Status** Passenger 18B * Confirmed* Gardener, Mariyln Mrs Flight Service Information + Status Confirmed (HK) Flight - Air Canada (AC) - 143 Sunday, October 14, 2007 Flight 143 Non-stop Class of Service: Economy (L) Air Canada Confirmation Number: PQ6C6Z Depart: Ottawa Intl Arpt (YOW) 07:25 PM Terminal Not Available Sunday, October 14, 2007 Arrive: Edmonton Intl Arpt (YEG) 09:40 PM Terminal Not Available Sunday, October 14, 2007 Status Seat Passenger 18E Confirmed d Gardener, MariyIn Mrs Flight Service Information + Status Confirmed (HK) Other Other Start Location: Edmonton Intl Arpt (YEG) Start Date Saturday, December 01, 2007

1

Number of Persons:

Smithson, Dolores

From:

Lazarenko, Barbara [barbara.lazarenko@marlintravel.ca]

Sent:

Thursday, June 28, 2007 2:57 PM

To:

Smithson, Dolores

Subject: Itinerary/Confirmation - Marilyn Gardener

You can view/print your ticket receipt at:

www.viewtrip.com

Your reservation number is X6VM4C

Ticket 014 5976 098481

MARLIN TRAVEL - GOVERNMENT CENTRE OWNED AND OPERATED BY 101017690 SASK. LTD. 9929 108TH ST - MAIN **EDMONTON ALBERTA T5K 1G8**

PHONE: (780) 425-8611 BRANCH: N61107

FAX: (780) 426-5759 **GST REG NO. 885101915 DATE: 28 JUN 2007**

PNR LOC: X6VM4C

AGENT: KAREN

TO:

FOR:

CAPITAL HEALTH SUITE 800 NORTH TOWER 10030 - 107 STREET

GARDENER/MARIYLN MRS PERSONAL CARD

EDMONTON AB

T5J 3E4

-ITINERARY-

FROM

TO

CARRIER

FLT/CL DATE DEP ARR ST

EDMONTON/INTL OTTAWA AIR CANADA 104 L 11 OCT 07 750A 135P OK

NONSTOP FOOD TO PURCHASE

EQUIPMENT: AIRBUS A320 JET

TRAVELLING TIME - 3:45

SEAT: 18B AIRLINE LOCATOR: AC -PQ6C6Z

EDMONTON/INTL AIR CANADA 143 L 14 OCT 07 725P 940P OK **OTTAWA** NONSTOP

EQUIPMENT: AIRBUS A320 JET

TRAVELLING TIME - 4:15

SEAT:18E

AIRLINE LOCATOR: AC -PQ6C6Z

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST T FOR THE PRINCIPAL SUM \$100000 UNDER MASTER POLICY FL47 UNDERWRITTEN BY AXA INSURANCE CANADA 24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ... 1 800 267 8891 OUTSIDE OF TOLL FREE AREA CALL COLLECT...715 346 0834 ********IMPORTANT REMINDER********** **AS OF JANUARY 2007 YOU WILL BE REQUIRED***

TO OBTAIN A CANADIAN PASSPORT TO ENTER OR

RE-ENTER THE UNITED STATES*

FOR ASSISTANCE ENROUTE DURING NORMAL BUSINESS HOURS PLEASE CONTACT OUR BRANCH COLLECT AT 780-425-8611 OR LOCAL MARLIN TRVL/CLUB VOYAGES OFFICE. WHEN CALLING OUR AFTER HOURS EMERGENCY TRVL CTRE-PLS QUOTE ACCESS CODE 2ECO

Barbara Lazarenko
Marlin Travel
9929 - 108 Street
Edmonton, Alberta, T5K 1G8, Canada
tel +001 780.425.8611
fax +001 780.426.5759
mailto:barbara.lazarenko@marlintravel.ca
http://www.marlintravel.ca

This e-mail may contain confidential information and any rights to privilege have no Le présent courriel peut contenir de l'information confidentielle et aucune renoncia



Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: Dr. Ken	Garder	ner E	Employee Number	r:		Union Nar	ne: Page 2					
Position: Vice President, Medical Affairs, Capital Health Department: Medical Affairs												
Business Phone: 407-7162 Period From: July 13, 2007 to December 18, 2007												
Expenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by another organization. Complete details on the other side of the form												
Bal Unit Local e.g. 201 e.g. 9		Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Car Curre		Rate	Canadian \$ (including GST)	✓ if GST included				
201 9000	7	71110106046	69500000				\$1,114.76					
	6	2310= 334.30										
	6	, 9600 = 632.03	107.73									
	Q	02300-37.10 4.0	ن	Contraction of the Contraction o								
			6 8	RE	Pital He	alin 7						
			* Carrier of	JAN	242	100						
Less Cash Adv	ance			ACC	L(MALICY	NO [
Total	·			PA	YABLE		\$1,114.76					
The information will be used to p	on this rocess	form is collected under s your claim.	ection 4 of the R	egional He	alth Aut	thorities (Mi	nisterial) Regulati	on and				
I hereby certify claimed by me	that the	e expenses listed above v ly behalf from Capital Hea	vere incurred on alth or other orga	Capital He nization.	alth bus	siness and h	ave not been prev	riously				
Employee Signa	ature:	Dada		. yada sahama Wiyy	Date	: Va	c 18/08					
Approved By: S	Sheila W	/eatherill	Title: Presiden	t & CEO, C	apital He	ealth	Phone # 407-800	8				
(Signature)		(Ari)	acked				Date Jan 21	08				
Approved By: (Print name)		900	Title:				Phone #					
(Signature)							Date					
IOTE:												

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EAPENSE CANTU OF RYS

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
July 13/97	Parking: PARA mtg				\$10.00		
July 17/07	Parking: Secretariat				20.00		
Aug 1/07	Parking: Isqua				6.00		
Sept 18/07	Parking: Secretariat				12.00		
Sept 25/07	LRT: return : Ft Sask/Strathcona mtg				5.00		
Oct 16/07	Parking: Secretariat				18.00		-
Oct 17/07	Parking: Disruptive Physicians				. 14.00		
Oct 17/07	Parking: REACH Awards				8.00		
Oct 19/07	Parking: Master Committee				8.00		
Oct 29/07	Parking: Edtn Airport - Council of Med Dir mtg in Calgary				76.10		
Oct 31/07	Parking: all day mtgs at CHC				/16.00		
Nov 2/07	Parking: Edtn Airport - Provincial Trauma - Calgary Delta Airport				16.10		
Nov 6/07	Parking: CH Quality Strategy Forum				20.00		-
Nov 9/07	Parking: Examination of Discovery				18.00		
Nov 16/07	Parking: Master Committee ARP/AARP				8.00		
Nov 20/07	Parking: Edtn Airport - Health Boards of AB-Calgary Delta				16.10		
Dec 4/07	Parking: RSHIP mtg				10.00		
Dec 6/07	Parking: NAIT - Physician Assistant Program mtg				3.00		
Dec 6/07	Parking: Wakefield/Salambier mtg				9.00		
Dec 10/07	Taxi: Grande Prairie Airport to meeting				23.00		37.10
Dec 10/07	Refreshments: Grande Prairie: Dr. Feasby, D. Meyhr, D.Kaye, NWT guy, Dr Gardener					41.10	4.00
Dec 10/07	Taxi: Edtn Airport to Municipal Airport to pick up vehicle: flight to Grande Prairie			632.03	60.00		
Dec 17/07	Annual Christmas Lunch: RMDG members		739.36	107.33			
Dec 18/07	Parking: Secretariat				18.00		
						Total km	
		(or a	lternate ra	te as outlined in	Section 2 – Trave		\$0.43
Totals	-		\$739.36	\$0.00	\$334.30	\$41.10	

EXPENSE LIMITS

Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast Lunch

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

\$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

\$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.) Dinner

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following requirements on a regular and continuing basis as approved by an authorized manager.

10,00

2409 10:30TM

10.00

GST# 1239/5679 RT 0019

07-13-2007 FRI M

2 1/2 短線

CAGU

ITEM

111

UNITED TOTTED

ecretariat

TELUS PARKADE GST INC. R#122388333

075EP18 12:34:001 001 075EP18 09:43

/ 2:51 #181862

RATE 1 \$12.00 TOTAL \$12.00

CASH \$12.00

MANAGED RY IMPERIAL PARKING Isqua

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDONALD ESTATES

ATHUSAI 18:55 001 002 07M801 17.45 01 / 1:10 #350704

=01075746 \$6.00 RATE \$6.00 THIAL 94.00 CASH

FOR MINITELY PANKING PHONE 4701976 SET THE LUNGS

Secretarist

TELLIS PARKADE GST INC. R#122389333

7 6:23 #176949

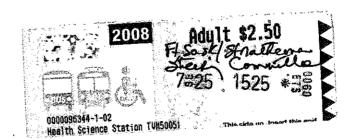
RATE 1 TOTAL CASH \$20,00

MANAGED BY IMPERIAL PARKING

07,501.17 15156 001 002 07JUL17 09:33

> \$20.00 \$20.00

2008 0000096344-1-01 Health Science Station TVM50051 This side up, Insert this end.



TELUS PARKADE

07NOV06 12:30

TOTAL.

MANAGED BY

IMPERIAL PARKING

CA5H

GST INC. R#122388333

07NOV06 17:36 001 002

/ 5:06 #186384

\$20.00

\$20.00

\$20.00

EDMONTON AIRPORTS WW 8:2849770

人名英基州法士士 Plynasia

Car pack follows to a 25 one. (780):390-8439 Provinced Train Fax. (780):390-8329 Receipt of the 100/20001 02.11 07

015100 pro 1000 stocket 16,00 \$ 02.11 07 to 20 10 07 16:30 Langth C 20 5 No. 22 Min.

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Magaine Lity \$ 5 1. E.00 %

16,50% 0.81 \$ - -

Think soo has your patronical Floria Olme Againt FF Their of Hours ** 新 引ark you 料

Moster Commillee

TELUS PARKADE GST INC. R#122388333

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/ 1:50 #197425

TOTAL \$8.00 \$8.00 CASH

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MANULIFE PLACE OPERATED BY STANDARD PARKING

07NOV09 17:17 001 002 07N0V09 09:22 / 7:55 #442204

8102852

RATE 1 \$18.00 TOTAL \$18.00 \$20.00 CASH \$2.00 CHANGE

GST INCLUDED 6ST# R119580595 HAVE A NICE DAY

苏本本本本本子子 本体体市市等各名

Car park 0000001009 Phone. (780)390-8439

Fax. (780)390-8329

0,91 \$

Receipt no. 01°:/0790/00801 20.11 07

015100 pay pasking ticket 18,00 \$ 20.11.07 06:57 - 20.11.07 14:34 Length of Stay: U Dy 7 Hr. 37 Min. Health boards of AS

advepted total 20,00\$ 3,90 \$

change 6.00 % G.ST.

Thank you for your patronage! Please Come Again! ** Open 24 hours ** ** Trank you **

TELLIS PARKADE 997 INC. R#122388333

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/ 1:39 \$184837

\$8.00 \$8.00 TOTAL CASH \$8.00

MANAGED BY IMPERIAL PARKING REACH ands

THANK YOU FOR PARKING WITH THEFRIAL PARKING MACONONALD ESTATES

0700717 22:43 001 003 0790717 17751 /4:52

#348435 \$8.00 WATE 1 \$8.00

WIAL 28,00 CACH

FOR MONTHLY PARKING PHONE 4201976 SST INCLUDED

Dishiptive Physicians Secretarial

TELUS PARKADE GST INC. R#122388333

070CT17 16101 001 002 070CT17 12:35

7 3:26 #184631 \$14.00 TOTAL. \$14.00

CASH \$14.00 MANAGED BY

IMPERIAL PARKING

TELUS PARKADE UST (NC. R#122388333

9780716 16133 001 002

9700716 12:05

7 4:28 #194515 \$18.00 TOTAL \$18.00 CASH \$18,00

MANAGED BY IMPERIAL PARKING



EDMONTON AIRPORTS

GST# R128599776

拿本本本本本本本本 ********

0000061309 Phone. (786)390-8439 Car park Fax. (780)890-8329

Receipt no. 0244/0790/00801 29.10 07

015100 pay backing ticket 29.10.07 (0):56 29.10.07 16:49 Length of stay: O DV & HE 53 Mins

accepted total 20,25 € change 4,15 \$ G.S.T. 6.00 % 0.91 8

> Thank you for your patronage! Please Come Again! ** Open 24 hours ** ** Thank you **

Secretarial

ntg i Sderhin Waterfield Ochane re

SWALES BY ST GEAST PARKING

TELUS PARKADE GST INC. R#122388333

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07DEC04 18:34 001 002 07DEC04-16:23

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\$5 (1)

/ 2:11 #188961 \$10.00

TOTAL CASH

\$10.00 \$10.00

EIT BKLIFFF REFE WINDARCHRE HAVE A NICE DAY

MANAGED BY IMPERIAL PARKING

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AMOUNT PAID

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CHARGES ARE FOR USE OF PARKING SPACE
ONLY. THE AUTHORITY ENDEAVOURS TO
PROTECT THE PROPERTY OF ITS PATRONS
BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE



DETACH RECEIPT FROM TICKET

AMOUNT PAID

CREDIT CARD NUMBER THE NORTHERN ALBERTA INSTITUTE OF TECHNOLOGY

R	ECE	PT	FOR	CAR	FARE

DRIVE 7. € 0 CAB#_

Time Date. Trip Amount Driver Name Car number GST_

PASSENGER'S SIGNATURE

Section 17(1),(4)(e.i)

D. Kaye, NUT 9 mg, ne. GRANDE PRAIRIE AIRPORT T. Feesley, D. Marhor, CRANDE PRAIRIAB 10510 AIRFORT DR

Viewpoint Cafe 220-10610 Airport Drive

Grand Prarie, Alberta

2007/12/10 5135 16:49:02 MASTERCARD RECEIPT NUMBER CARD TYPE CARO CARO DATE 귀

PURCHASE AMOUNT

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Cust;3 Serv: KATIE

#38

Table

Trans#: 21075 12/10/2007 4:48 PM

(780)532-9447

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\$37,10

<u>a</u>_

321.75 \$7.25 \$6.00

11 Cost

Quan Descript

3 RICARDS RED 1 SLEEMANS HONEY BROWN

1 House Red Wine

TOTAL-CAD

\$41.10

AUTH# 184903

CARDHOLDER COPY

APPROVED

\$37.10 \$37.10

\$35.00 \$2.10

Net Total:

THANK YOU

GST# 874098296

Come Again

Thank You

Amount Due:

TOTAL:

102.

IL PORTICO RESTAURANT 10012 107 ST T5J1J2 EDMONTON AB 50111231	12-17-2007 13:59:33	Acct # Exp Date Card Type MC Name: KEN J.DR GARDENER	Trace # 610031 Operator 310 FS2261622701 Inv. # 9284	Auth # 155934 RRN 001160031	P. Auth Purchase \$739.36	Total 739 %	Customer copy
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IL PORTICO EDMINTON; ALBERTA G.S.T.# RIZSS03554	8 WEET RM	TBL 99/1 OWK 169 GST 0 JEC17'07 12:11FM GST 0	HSAR 27.	*COFFEE LATE CAFE	HIRRZ NOV BLANC 25 PI IIS	GL PINOT GRI 3. ORVIETO METAFE AGET	OPEN FOOD SE	SUBTOTAL 5%.25 6.5.T. 35.28 TOTAL DUE 6.32.00	

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L.K. 1.1.1 Ļη

Date: Mon Dec 17, 2007.

To:

Capital Health Physicians

For:

Food & Beverages: 59

G.s.t.:

Room Charge:

18% gratuity:

Screen & Equipment Rental:

Grand Total

We thank you in advance for your prompt attention to this invoice.

Respectfully Yours,

Patrick Saurette

G.S.T. # R128503554





Travel & Employee Expense Claim Form

(In Canadian Dollars)

Section 17(1)

Name: I	Dr. Ken Gard	lener	Employee Number	<u> </u>	ne: PAGE#1							
Position	: Vice Presi	dent, Medical Affairs, Capital	al Health_ Department: Medical Affairs									
Busines	s Phone: 4	07-7162	Period From: Janu	uary 15 to July 8	, 2008							
	xpenses Paid (please attach receipts). Do not include amounts paid by Capital Health or reimbursed / reimbursable by nother organization. Complete details on the other side of the form											
Bal Unit e.g. 201	Location e.g. 9000	Functional Centre e.g. 71135050044	Account e.g. 69500001	Non-Canadian Currency	Rate	Canadian \$ (including GST)	✓ if GST included					
201	9000	71110106046	69500000			\$46 8.65						
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		and the second little second l	RELATION	108								
		er de grant version	105 3 1	Jes								
		33	ACCYAL									
Less Ca	sh Advance		And the second s									
Total						\$468.65						
will be us	ed to proce	nis form is collected under ss your claim. the expenses listed above my behalf from Capital He	were incurred on	Capital Health be								
Employe	e Signature	: Sielle		Da	te: \c/c/	29/08	,					
Approve	d By: Allau	din Merali	Title: Executive	e VP & Chief Fina	ncial Officer	Phone # 407-372	25					
(Signature)		A Men				Date July 3	31/08					
Approve			Title:			Phone #	/					
(Signature)						Date						
NOTE:				<u> </u>			-					

- Expense claim must be properly authorized and must be supported by original receipts or a copy as certified by the approver. The approver must initial individual items that are not supported by original invoices or do not have all the required supporting documents to indicate approval without support. Unsupported claims over \$1,000 require Level 4 approval.
- GST amounts included in the expense claims will be calculated by Accounts Payable.
- For all employees on the payroll system, expense reimbursements will be deposited to employee bank account.
- For physicians, contracted employees and those not paid through the payroll system, expense reimbursements will be mailed through the internal mail system.
- See the other side of this form for expense claim limits.
- Approved claim form with receipts should be sent to Accounts Payable (Capital Health Centre, North Tower 10th Fl., 10030 -107 Street, Edmonton, AB T5J 3E4)
- Out of province expenses also require approval of Chief Operating Officer or Vice President.

EAPERIS ECALINITIES OFFICE

Date	, Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
January 15, 2008	Parking: Telus parkade - PWS Committee meeting				\$14.00	/	
January 18,2008	Parking: Telus parkade - Provincial IM/IT Transition Team meeting				10.00	/	
February 15,2008	Parking: Telus parkade - Physician luues in Disaster Planning				6.00	/	
February 26,2008	Parking: Manulife Place - Secretariat				15.00	1	
February 28/08	Parking: Impark - CHC mtg: Westview Health Centre				15.00	/	
March 5/08	Parking: Impark - Operations mtg at CHC				15.00	V	
March 14/08	Parking: Impark - CH/EMS joint mtg				4.00	1.	
March 25/08	Parking: Impark - AHW Ms Lackie meeting				6.00	J	
March 25/08	Parking: AB College - Secretariat				6.00	V	
April 4/08	Parking: Dinner with Provost (AKU University)				5.00	/	
April 4/08	Parking: Oliver Primary Care Network Opening				1.00	V	
April 15/08	Parking: Impark - PWS meeting				16.00	/	
April 22/08	Parking - Impark - Secretariat Parking: Library parkade -				14.00	,	
April 22/08	Operations Committee mtg Parking: Impark - CH/EMS				8.00	∀	
April 28/08	joint mtg Parking: Canada Place - lunch				8.00		
May 13/08	with Mayor & SW Parking: Library - Cancer				10.00	/	
May 30/08	Board mtg Parking: Imperial - mtg with Dr				6.00		
June 6/08	Perry				20.00		
June 8/08	Parking: Edtn Airport - Ft McMurray Health interviews				20.00	~	
June 10/08	Parking: Impark - CH/EMS joint mtg				8.00	/	
July 9/08	Parking: Impark - Operations mtg at CHC				15.00	b	
June 24/08	LRT: return - Secretariat @ Telus Plaza				5.00	~	
July 8/08	Lunch meeting: D. Diamond, Brent S, Nick - O'Byrnes		92.01 ,				
						Total km	
		(or a	Iternate ra	te as outlined in	n Section 2 – Tra	vel below) @	\$0.43
Totals		\$0.00	\$92.01	\$0.00	\$227.00	\$0.00	\$149.6 SEE PGI
XPENSE L	INAITO		V		V	1	468.6

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.) Breakfast Lunch \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.)

Dinner \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

Travel

EXPERISE CANT GEORIES

Date	Particulars	Accomm. \$	Meal \$	Registration \$	Transportation \$	Other \$	Mileage km
February 25, 2008	Mileage: return trip to Nisku (Exec Royal Inn: Prov Council of Medical Directors mtg)						62
March 11, 2008	Mileage: return trip to Nisku (Exec Royal Inn: Prov Trauma Committee mtg)						62
April 11, 2008	Mileage: return trip to Redwater for 4 physician mtgs						122
April 25, 2008	Mileage: return trip to Fort Saskatchewan Health Centre: planning session						62
May 2, 2008	Mileage: return trip to Heatlh First Strathcona: mtg with pt re: concern						20
June 5, 2008	Mileage: return trip to Sherwood Park: Rural/Suburban REACH awards						20
			, ,	,			·
							
		,				Total km	348
		(or a	alternate ra	te as outlined in	n Section 2 – Tray	rel below) @	\$0.43
Totals \$149.64							

EXPENSE LIMITS

1. Meal Allowances

When traveling on Capital Health business, the employee may be reimbursed at the Per Diem meal allowance of:

Breakfast

\$8.00 (if the departure time is earlier or the return time is later than 7:00 a.m.)

Lunch Dinner \$10.00 (if the departure time is earlier or the return time is later than 1:00 p.m.) \$17.00 (if the departure time is earlier or the return time is later than 7:00 p.m.)

Dinne

For meal expenses that exceed the above amounts, the supervisor may approve higher amounts, with receipts, provided these are

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the lunch/dinner meeting.

2. Travel

- Use of personal automobile From March 1, 2006, reimbursement at the rate of \$0.43 per km for the first 15,000 kilometers of approved travel in a fiscal year (April 1 to March 31) and \$0.40 for each kilometer there after (except where collective agreement specifies otherwise).
- Business car insurance is reimbursable up to \$260 per year with receipts in accordance with Capital Health Policy.
- Effective March 1, 2006, out of scope employees required to provide a vehicle as a condition of employment and meeting the following
 requirements on a regular and continuing basis as approved by an authorized manager.
 - 1. Monthly travel in excess of 250 kilometers; or

IMAN LOT MAPPLICANT COPY TELUS PLAZA PARKAGE GST #88731 5638 RT0006 Diaster Planning 02-15-2008 FRI #1 02-15-2008 01CL8699 1 1/2 WR 4.006.00 CASH

ITEM 1 PK99 09:20TH ICL

MANAGED BY
THYPOTAL PARKING

#197722 #14.00 #14.00

EXP 05:20pm FEB 28,2008 20

UT# 00020255

dACH# 001

TIC# 000785

OF WEIGHT

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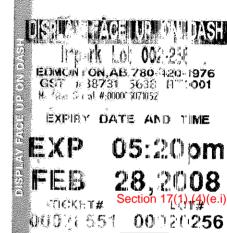
Secretarial

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::C \$0015. 00020256 EB28,2008 i. 41 ## 001 12:21pm GRADITION OF ON STANS POSTED Jurchase Time 3 hours \$15.10 Hea

Pay from your cell phone. 423-1922 Location 96 04. goto www.ImparkWireless.com

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4AR 05,2008 JC ____ .OT# 00020**2**% VACH# 001 Section 17(1), (4)(e.i) (C# 00079163 COUNTY CE \$0015.00 0u0/! 183 00020256 MAR05,2008 \$600 to 00 Mast 11:24an FOLLOW INSTRUCTION Jurchase Tire

- operations need 3 hours \$15.29 Pay from your delt prone.

or famous kinds

Location 1104.

109

101

Alberta Collage 4

Terminal#:1 Cashier#:4 25/03/08 09:57 25/03/08 11:21 - 01:25 40847867 / #070826 Rate1 : \$ 6

40847867 / #070826
Rate1 : \$ 6.00
TOTAL : \$ 6.00
CHANGE : \$ 14.00

RECEIPT Setting: Mira Health \$1,00 Mach Năme: Luke 2 Cand MasterCand EXPIRATION DATE/TIME 11:46am Exp 11:46a SPR04,2008 T#00016179 S/N#100006 Ticket #: 00016179 ticket #: 00016179 FOLLOW INSTRUCTIONS ON SIGNS 031313 \$1,00 Card # Auth#:124556 Pur chased MasterCard AFRC4,2308 Hourty Section 17(1),(4)(e.i) 10:46a Total Due \$1.00 Total Paid \$1,00 Purichased

IMPARK LÜT 8101 TELUS PLAZA PARKALE GST #19731 5638 RT000X Secrelakiat

04-22-2008 TNE #1 04-22-2008 01014790 3 1/2 HOUR 14.00 EASH 14.00

IMPARK LOT \$101
TELUS PLAZA PARKAGE
GST #987731 5638 PTOCOA

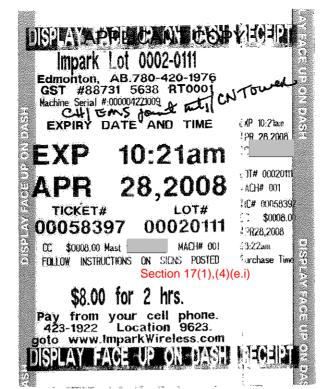
(N4-15-2008 THE N1 04-15-2008 VICL4058 1 HOUR 1A. 90 CASH 1.6. CO

ITEM 1 40/4 16: 2017

Impark Lot 0002-0111 Edmonton, AB.780-420-1976 GST #88731 1630 270001 .xP 12.03pm HAR 14,2008 12:03pm រារា# មេម៉ាម៉ារ៉ារ៉ា 14,2008 *4LH# 001 PC# 0005548 TICKET# LOT# \$0004.0 00055483 00020111 Afriki ZÜÜÖ **\$**0004 00 MALH# 601 1.U.San FOLLOW INSTRUCTIONS IN JUNE FORTH orchase line \$4.00 for 2 hrs. Pay from your cell phone 423-1922 Location 9623 goto www.lmp.nckWireless.cum

> CITY OF EDMONTON LIBRARY PARKADE GST # 1 04/04/09 21:43***** 04/04/09 -Ropt# 63101 [4 2 編 15 Txn#20546 04/04/08 21:43 Out 04/04/08 17:49 In Tkt# 378276 4.76 É Regular Rate 0.24 Ť Total Tax 5.00 Total Fee 5.00-CASH PAID 4 5.00 Cash Tender 0.00 Change Due

> > THANK YOU COME ASAIN



CITY OF EDMONTON LIBRARY PARKADE GST # 119326270 RT0001 nelations

Ropt# 65694 04/23/08 14:22 Ltt 2 Att 41 Txn#2135: 04/23/08 12:20 In 04/23/08 14:22 Out Tkt# 387187 Regular Rate \$ 7.62 0.38 Total Tax Š Ē 8.00 Total Fee 8.00-CASH PAID 10.00 ŝ Cash Tender 2.00 Ś Change Due

> THANK YOU COME AGAIN

CAMAINA FLALE PARKAGE OPERATED BY INFERIAL PASKING

FIR HE CITY OF EDMONTON

Ropta 1438 05/13/08 13:34 LN 2 AN 43 TXTH 2796 05/13/08 11:23 In 05/13/08 13:34 Out G_50

Regular Rate \$ 0.48 T. Total Tax 10.00 Total Fee 10.00-CASH PAID **s** 10.00 Cash Tender 0.00

Charge Due THANK YOU

WE AFFREDIATE YOUR BUSINESS TONE AGAIN

The Tolkielle

INSTAGE PROBLE

Best copy available

1000 000

Autoral Ruta 🔻 ional la Intil bar 1 21.3 经验证据证 Darmer 12

Exit #3 Ca 08/06/08 20:08
Cashier 9 Med Dill
Receipt 044218

Short-term parking tkt HL - No. 060824 08/06/08 08:07 -08/06/08 20:08 -Period Od12h2' (Tax) \$20.00

Total

\$20,00

Payment Received Cash

\$20.00

Sub Total Tax 5% \$19,05 0.95

Deliv. Date=Receipt Date

Alw de least

THANK YOU FOR PARKING WITH IMPERIAL PARKING MACDOWALD ESTATES

0870N06 14:54 001 002 0870N06 11:10 01 / 3:44 #419819

=01033974

RATE I TOTAL CASH \$20,00 \$20,00 \$20,00

FOR MONTHLY PARKING PHONE 4201976 GST INCLUDED

